

L16000058883

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2016 APR 11 PM 4:30  
U.S. DEPT. OF STATE  
FALLS CHURCH, VA

04/11/16--01019--008 \*\*25.00

K. SALY  
EXAMINER  
APR 12

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AMERI-ALL SERVICES, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DULCE M. CARDOSO  
Name of Person  
AMERI-ALL SERVICES, LLC.  
Firm/Company  
3791 SW110 AVE  
Address  
MIAMI, FL 33165  
City/State and Zip Code  
dulcecardoso1561@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dulce M Cardoso at (786) 624-0875  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AMERI-ALL SERVICES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 APR 11 PM 4:30  
ALLIANCE  
SECRETARY

The Articles of Organization for this Limited Liability Company were filed on 03/25/2016 and assigned  
Florida document number L16000058883.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

FILED  
2016 APR 11 PM 4:56  
Type of Action  
CALLAHAN, S. J. Add

FILE  
2016 APR 11 PM  
RECEIVED  
FALL ARMY OFFICE

FILED  
2016 APR 11 PM 4:31  
FBI - TAMPA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-27-2016 BY 60322 SP1/STP/STP

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated ARRIL, 6 2016

*[Signature]*

Typed or printed name of signee