

L16 000110082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

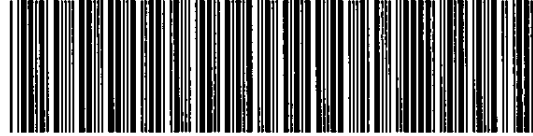
(Business Entity Name)

(Document Number)

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16 JUL 28 PM 1:57

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 01 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB Install and Stone 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:

Fernando TORRES

Name of Person

Firm/Company

427 Homer Ave

Address

Longwood FL 32750

City/State and Zip Code

Holafernando47@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando TORRES

Name of Person

at (321) 439-4159

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
16 JUL 28 PM 1:57

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

AB Install AND Stone LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 7 2016 and assigned Florida document number 616000110082.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 28 PM 1:57

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIX TORRES	1016 Errol PKWY	<input type="checkbox"/> Add
		Apopka FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 JUL 28 PM 4 57

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000110082
FILED 8:00 AM
June 07, 2016
Sec. Of State
cgolden

Article I

The name of the Limited Liability Company is:

AB INSTALL AND STONE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

427 HOMER AVE
LONGWOOD, FL. US 32750

The mailing address of the Limited Liability Company is:

427 HOMER AVE
LONGWOOD, FL. US 32750

Article III

The name and Florida street address of the registered agent is:

FERNANADO TORRES
427 HOMER AVE
LONGWOOD, FL. 32750

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: FERNANDO TORRES

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TALLAHASSEE, FLORIDA
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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
FELIX TORRES
1016 ERROL PKWY
APOPKA, FL. 32712 US

L16000110082
FILED 8:00 AM
June 07, 2016
Sec. Of State
cgolden

Article V

The effective date for this Limited Liability Company shall be:

06/02/2016

Signature of member or an authorized representative

Electronic Signature: FERNANDO TORRES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA
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