

**L16000122529**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

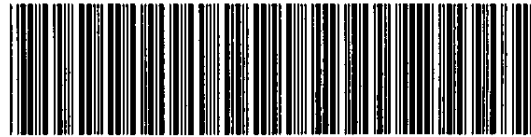
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2017 MAR 13 PM 1:17**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**K. SALY**  
**MAR 14 2017**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL Integral Service R.A. 19, 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:

Rafael A. Sarcos Barreto  
Name of Person  
AR  
Firm/Company  
2117 Victoria Falls Dr  
Address  
Orlando FL 32824  
City/State and Zip Code  
allintegralservice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael A. Sarcos Barreto at (321) 440-9432  
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

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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>                      |
|--------------|----------------------------------|-------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Yafaira Barreto</u>           | <u>2117 Victoria Falls Dr</u> | <input type="checkbox"/> Add               |
|              |                                  | <u>Orlando FL 32824</u>       | <input checked="" type="checkbox"/> Remove |
|              |                                  |                               | <input type="checkbox"/> Change            |
| <u>AR</u>    | <u>Rafael A. Sanchez Barreto</u> | <u>2117 Victoria Falls Dr</u> | <input type="checkbox"/> Add               |
| <u>MGR</u>   |                                  | <u>Orlando FL 32824</u>       | <input type="checkbox"/> Remove            |
|              |                                  | <u>MGR</u>                    | <input checked="" type="checkbox"/> Change |
|              |                                  |                               | <input type="checkbox"/> Add               |
|              |                                  |                               | <input type="checkbox"/> Remove            |
|              |                                  |                               | <input type="checkbox"/> Change            |
|              |                                  |                               | <input type="checkbox"/> Add               |
|              |                                  |                               | <input type="checkbox"/> Remove            |
|              |                                  |                               | <input type="checkbox"/> Change            |
|              |                                  |                               | <input type="checkbox"/> Add               |
|              |                                  |                               | <input type="checkbox"/> Remove            |
|              |                                  |                               | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The only changes required is to removed:  
Mrs. Yajaira Barreto and new title for  
Rafael A. Sarcos Barreto will be MGR

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E. Effective date, if other than the date of filing: 03-08-17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 03-08-2017, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rafael Sarcos  
\_\_\_\_\_  
Typed or printed name of signee