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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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SEGRELARY OF STATE

D. SCOTT DEC 7 2016

ČOVER LETTER

TO:		istration Sec ision of Corp				
SUBJ	FCT.	Adam of all	Trades, LLC			
3003	ECT.		Name of Lim	ited Liability Company		
The en	nclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	ndence concerning this matter	to the following:		
			Adan Raymond Ortenzio			
				Name of Person		•
			Adam of all Trades, LLC			
				Firm/Company		-
995 Andrea Ridge Court, Unit			995 Andrea Ridge Court,	nit 105		
				Address		•
			Kissimmee, FL 34747			15.5
			adamofalltradeshomerepair	City/State and Zip Code @gmail.com		ECRET ES
			E-mail address: (to be used for future annual report notif	ication)	35 -5 F
For fu	rther ir	formation co	oncerning this matter, please co	all:		
Adam	Raym	ond Ortenzio		321 3772626 at ()		M 4:2
		Name of	Person	Area Code Daytime	: Telephone Number	- 5m 1
Enclos	sed is a	check for the	e following amount:			
\$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Adam of all Trades, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L 16000192290	were filed on October, 18th 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	995 Andrea Ridge Court	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	995 Andrea Ridge Court Kissimmee, FL 34747	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		r the name of the ne
	. Florida	ST F
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
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ective date, if other than the	date of filing:		(optional)
effective date is listed, the date mus	t be specific and cannot be prio	or to date of filing or more than 90	days after filing.) Pursuant to 605.0
te: If the date inserted in this blooment's effective date on the De			ents, this date will not be listed
record specifies a delayed	i effective date, but n	ot an effective time, at 1	L2:01 a.m. on the earlier
he 90th day after the rec		·	
ed November 18	2016 ,	—·	
	Signature: Adam Raymond O	ymond <u>O</u> ATEN210 lenzin (Nov 18, 2016)	
		radeshomerepair@gmail.co	

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Filing Fee: \$25.00