

L1700000 14 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

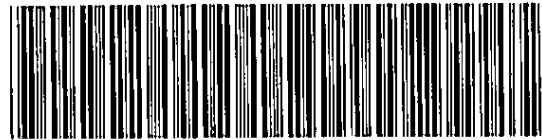
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 18 PM 4:30

FILED

T. LEMMEUX  
MAR 27 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACOSTA AC & APPLIANCE 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:

RENAN ACOSTA  
Name of Person

ACOSTA AC & APPLIANCE SERVICES, LLC.  
Firm/Company

5633 ANNETTE ST.  
Address

LAKELAND, FL. 33810  
City/State and Zip Code

02lopez@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OZ LOPEZ at ( 863 ) 670-1780  
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**

**FILED**

ACOSTA AC + APPLIANCE SERVICES, LLC

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

2019 MAR 18

P 12 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 MAR 18

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L17000014290.

This amendment is submitted to amend the following:

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

N/A

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.)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

OUTSOURCE BUSINESS SOLUTIONS, LLC.

New Registered Office Address:

215 IMPERIAL BLVD

Enter Florida street address

LAKELAND

City

Florida

33803

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>
<u>MGR</u>	<u>RENAN ACOSTA</u>	<u>5633 ANNETTE ST.</u>	<input checked="" type="checkbox"/> Add <u>OR</u>
		<u>LAKE LAND, FL. 33810</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>AMADO CHILS</u>	<u>2405 ROSLYN LANE</u>	<input checked="" type="checkbox"/> Add
		<u>LAKE LAND, FL. 33812</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADD AMADEO CHILS AS MEMBER  
MR. ACOSTA REMAINS MGR

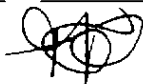
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 3-13, 2019.



Signature of a member or authorized representative of a member

RENAN ACOSTA

Typed or printed name of signee

## Detail by Entity Name

Florida Limited Liability Company  
ACOSTA AC & APPLIANCE SERVICES, LLC

### Filing Information

Document Number L17000014290  
FEI/EIN Number 81-5006461  
Date Filed 01/18/2017  
Effective Date 01/18/2017  
State FL  
Status ACTIVE

### Principal Address

5633 ANNETTE STREET  
LAKELAND, FL 33810

### Mailing Address

5633 ANNETTE STREET  
LAKELAND, FL 33810

### Registered Agent Name & Address

A&B ACCOUNTING & TAX, LLC  
415 E. MAIN ST  
SUITE B  
BARTOW, FL 33830

OUTSOURCE BUS SOLUTIONS

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

ACOSTA, RENAN  
5633 ANNETTE STREET  
LAKELAND, FL 33810

ADD AMA00

### Annual Reports

Report Year	Filed Date
2018	01/02/2018

### Document Images

01/02/2018 - ANNUAL REPORT

[View image in PDF format](#)

01/18/2017 - Florida Limited Liability

[View image in PDF format](#)