

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000036877

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PADRON AND ASSOCIATES INC.
Account Number : T20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL IN ONE PRO SERV LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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AUG 06 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL IN ONE PRO SERV 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.

RALPH PADRON

Name of Person

PADRON & ASSOCIATES INC

Firm Company

2095 W 26TH ST

Address

HAIALEAH, FL 33016

City/State and Zip Code

RALPH@RALPHPADRON.COM

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

For further information concerning this matter, please call:

RALPH PADRON

305

815-0404

at (

Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$75.00 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 Station
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN ONE PRO SERV 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 02/15/2017 and assigned
Florida document number L17900036877

This amendment is submitted to amend the following:

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

DEMAND ALL PROFESSIONAL SERVICES LLC

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

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:

MARLENE L. NIEVES

New Registered Office Address:

400 NE 1ST STREET APT 107

(Enter Florida street address)

HALLANDALE BEACH

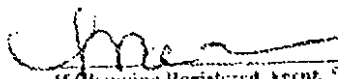
Florida 33009

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

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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

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMDR	MARLENE L. NIEVES	400 NE 1ST STREET	☐ Add
		APT 107	☐ Remove
		HALLANDALE BCH, FL 33009	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
 _____ cannot be more than 90 days after filing.

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 305.0207 (3)(b), if the date is later than the date of filing, the date must meet the applicable statutory filing requirements; this date will not be listed as the effective date.)

Effective date. If other than the date of filing:
 (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 Wisconsin law, 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.
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.

(b) The 90th day after the record is filed.

Dated: AUGUST 2

2018

Signature of a member or authorized representative of a member

VANESSA NIEVES

Typed or printed name of signer