

L17000066990

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(Address)

(Address)

(City/State/Zip/Phone #)

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17 AUG 28 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A RESTORATION and Kleaning 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:

Darryl Harley
Name of Person

A RESTORATION and Kleaning Services, LLC
Firm/Company

3208 NE 8th CT #E
Address

Pompano Beach, FL 33062
City/State and Zip Code

darrylharley@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darryl Harley at (954) 294-4290
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**

A Restoration and Kleaning Services, 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 3/23/17 and assigned
Florida document number L17000066990

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)

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

City

Florida

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>
AMBR	Michelle Harley	3208 NE 8th Ct #E	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rachel L Basel	4363 Sasangua Court	<input type="checkbox"/> Add
		Tucker, GA 30084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Darryl Harley	3208 NE 8th Ct #E	<input type="checkbox"/> Add
AMBR	Darryl Harley	Pompano Beach, FL 33062	<input type="checkbox"/> Remove
(Do Not change)			<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

17 AUG 28
SECRETARY
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g. Pursuant to 605.0207 (3)(b),
it will not be listed as the

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.

8/17, 2017.
Darryl Harley - President
Signature of a member or authorized representative of a member
Darryl Harley
Typed or printed name of signer