

L17000123108

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

All Pro Restoration Services, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Velasquez

Name of Person

All Pro Restoration Services, LLC

Firm/Company

13720 SW 143rd #110

Address

Miami, FL 33186

City/State and Zip Code

velasquez_alex05@yahoo.com

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

For further information concerning this matter, please call:

Alejandro Velasquez

786

770-2379

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$50.00 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/DCOURIER ADDRESS:

Registration Section
Division of Corporations
Culver Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All Pro Restoration 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 06/05/2017 and assigned
Florida document number 117000123108.

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 "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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
MGR	Alejandro Velasquez	13720 SW 143 Ct, 5110	☒ Add
		Miami, FL 33186	☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

17 JUL - 3 AM

17 JUL -3 AM 7:45

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.

Dated June 21, 2017

Alejandro Velasquez

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Filing Fee: \$25.00