

L17000170583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

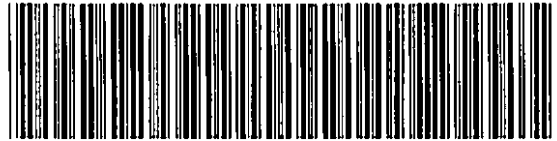
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AUG 14 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2018

ADRIANA C LOPEZ  
4726 NW 22ND ST  
COCONUT CREEK, FL 33063

SUBJECT: AJ REHAB SOLUTIONS LLC  
Ref. Number: L17000170583

We have received your document for AJ REHAB SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 718A00015674

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2018 AUG -9 PM 1:10

RECEIVED  
REGISTRATION  
SECTION

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJ Rehab Solutions 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:

Adriana C. Lopez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4726 NW 22nd Street

\_\_\_\_\_  
Address

Coconut Creek, FL 33063

\_\_\_\_\_  
City/State and Zip Code

ajhomesolutions730@gmail.com

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

For further information concerning this matter, please call:

Adriana Lopez

954

494-2479

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

## Notification of Business Name Change for LLC

Date: \_\_\_\_\_

To:  Internal Revenue Service  
Austin, TX 73301-0002

Re: **Change of LLC Name**

Company: AJ Rehab Solutions LLC

EIN: 82-2433300

Please note that the name of the LLC has been changed to:

AJ Home Solutions LLC

Attached with this letter is a copy of our name change confirmation filed with the state.

After you have updated your records, please send a written confirmation to:

Adriana Lopez

4726 NW 22nd Street

Coconut Creek, FL 33063

Please let me know if you have any questions, or need anything else.

Thank you,

Name: Adriana C. Lopez

Title: Managing Member

Phone: 954-494-2479

Email: ajhomesolutions730@gmail.com

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

AJ Rehab Solutions 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 08/10/2017 and assigned  
Florida document number L17000170583.

This amendment is submitted to amend the following:

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

AJ Home Solutions 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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Adriana C. Lopez

Typed or printed name of signee