L17000170842

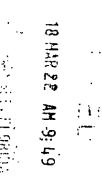
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COVER LETTER

TO:

	O: Registration Section Division of Corporations					
SUBJEC		AIO Commercial Services, LLC				
SOBJEC	.1:	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing			
		ondence concerning this matter	-			
		Sean Conner				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		AIO Commercial Services	, LLC			
			Firm/Company			
438 SW 9111 Ave						
	Address					
		Boca Raton, FL 33486				
City/State and Zip Code						
		Sein@AIOServicesFL.com		Manufacture)		
5 6 4		•	to be used for future annual report notif	псилоп)		
		oncerning this matter, please ca	all:			
Sean Co	nner		56 213-3367 at ()			
	Name o	f Person		e Telephone Number		
Enclosed	l is a check for th	he following amount:				
\$25 ,0	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)		
		ING ADDRESS:	STREET/COURI			
	Divisio	ration Section on of Corporations ox 6327	Registration Section Division of Corpor Clifton Building			

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIO Commercial 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 August 10, 2017 and assigned Florida document number L17000170842 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) B 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

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>	Name	Address	Type of Action
			☐ Change
			□ Add
			☐ Remove
			Change
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			□ Tremove
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tive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statuto	
ment's effective date on the Department of State's records.	ry ming requirements, this care win not be insect
ecord specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier
e 90th day after the record is filed.	cave ame, at 12.01 a.m. on the camer
March 20 2018	
~ / / / -	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00