

L17000196199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2018 JUN 13 AM 8:01
TALLAHASSEE FL 32304

JUN 15 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & W Home Improvement 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:

Luis Jose Camilo Garcia
Name of Person

A & W Home Improvement LLC
Firm/Company

5449 S Semoran Blvd Ste #225
Address

Orlando, FL 32822
City/State and Zip Code

SAM@AWHomeImprovements.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Jose Camilo Garcia at 407-486 8048
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 & W Home Improvement 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 09/21/2017 and assigned Florida document number L17000196199

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:

Luis Jose Camilo Garcia

New Registered Office Address:

5449 S Semoran Blvd Ste #225

Enter Florida street address

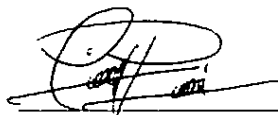
Orlando, Florida 32822

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.



6/01/18

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>
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MGR	Alfio B Sorbello Jr	2950 Summer Swan Dr	<input type="checkbox"/> Add
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		Orlando Fl 32825	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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MGR	Don. A Morton	5449 S Semoran Blvd	<input type="checkbox"/> Add
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		Orlando Fl 32822	<input checked="" type="checkbox"/> Remove
--	--	------------------	--

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	Luis Jose Camilo	5449 S Semoran Blvd	<input checked="" type="checkbox"/> Add
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	Garcia	Orlando Fl 32822 Ste #225	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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