

L18000095247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

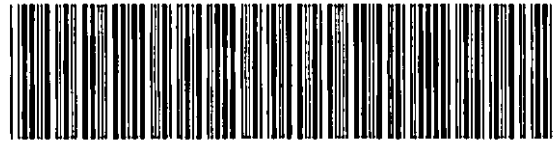
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DATE 07/16/18 BY 025

FILED

7/6/18 025



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2018

DAVID LITTLE
8415 FLORENCE COVE RD
ST AUGUSTINE, FL 32092

SUBJECT: ALLPHASE REMODLERS LIMITED LIABILITY COMPANY
Ref. Number: L18000095247

We have received your document for ALLPHASE REMODLERS LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 118A00008918

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RECEIVED

2018 JUL -5 PM 12:17

DEPARTMENT OF
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLPhase Remodlers Limited Liability Company
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:

David Little
Name of Person

Allphase Remodlers Limited Liability Company
Firm/Company

8415 Florence Cove Rd
Address

SE. Augustine FL 32092
City/State and Zip Code

DmLittle67@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Little at (330) 206-3123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
JUL -5 A 10:44

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

Allphase Remodelers Limited Liability Co.
(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 4-23-2018 and assigned
Florida document number 82-5287843.

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:

DAVID LITTLE

New Registered Office Address:

8415 Florence Cove Rd

Enter Florida street address

ST AUGUSTINE

City


Florida

32092

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>
MGR manager =	DAVID LITTLE	8415 Florence cave Rd ST. Augustine FL 32092	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2018 JUL -5 A 10 44
FILED
CLERK OF DISTRICT COURT
ST. AUGUSTINE, FLORIDA

2318 JUL -5 A 10:11 U
2318 JUL -5 A 10:11 U
2318 JUL -5 A 10:11 U

FILED
2218 JUL - 5 A 10:41
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF ALABAMA

Effective date, if other than the date of filing. _____ (Optional)
(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)
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.

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.

Dated 4-23-2018;

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

David Little

Typed or printed name of signee