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(Requ	estor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: All Around Construction Solutions 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:
Daniel Murphy Name of Person
All Around Construction Solutions
3091 Vexberra De Address
Deltova Fl 32725 City/State and Zip Code
Dim 1301105 & anail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Murphy at (40) 920 2598 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	SOLUTIO	<u>ins</u>
The Articles of Organization for this Limited L		W/2018_	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the a	bbreviation "I-A.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		······································	<u> </u>
Enter new mailing address, if applicable:			FI ST
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u>€</u> ∺
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter</u>	the name of the new
New Registered Office Address:	2001 Vorhena	Drive	
new registered Office Address.	Enter Flor	rida street address	
	Deltona	, Florida	32725 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 = A	uthorized Member				
<u>Title</u>	<u>Name</u>	Address			Type of Action
AMBR	Mathew_	Earegod J. 105	Bonita	Place	D Add
			nd Beach F		
			<u> </u>		Change
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(if an efi <u>Note:</u>	ive date, if other than the date of filing: 04.02.2019 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is 90th day after the record is filed.
Dated	1/2/2019 Cause Marphy Typed or printed name of signee
	On il Mindre

Page 3 of 3

Filing Fee: \$25.00