

118000171532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

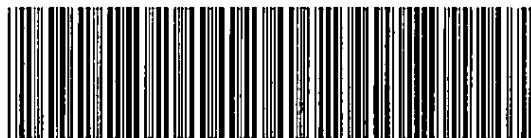
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400336636714

11/12/19--01023--007 **\$50.00

11/12/19 10:07 AM
SAGINAW COUNTY

Amend/name change

DEC 11 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A + ENVIROMENTAL SOLUTIONS & SERVICES 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:

JEAN CHARLES

Name of Person

Firm/Company

2325 EAGLE PERCH PLACE

Address

FLEMING ISLAND , FL 32003

City/State and Zip Code

SOLIDSEED3@AOL.COM

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

For further information concerning this matter, please call:

JEAN CHARLES

904

647-0847

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

SECRET

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A + ENVIRONMENTAL SOLUTIONS & SERVICES L.L.C

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32254

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FLEMING ISLAND , FL 32203

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

_____, Florida _____
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.

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>
AMBR	LAFASHION CHARLES	2325 EAGLE PERCH PLACE FLEMING ISLAND , FL 32003	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEAN D CHARLES	2325 EAGLE PERCH PL FLEMING ISLAND , FL 32003	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE ONLY OTHER CHANGES OR AMENDING WILL BE CHANGE LAFASHON CHARLES AND JEAN D CHARLES FROM

OWNER'S , PRESIDENT, VICE PRESIDENT TO AUTHORIZED MEMBER (AMBR)

E. Effective date, if other than the date of filing: _____ (optional)

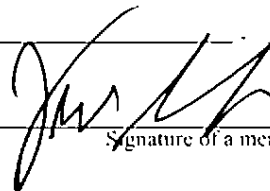
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 4 2019



Signature of a member or authorized representative of a member

JEAN D CHARLES

Typed or printed name of signee