

2/26/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DDS TAMPA TAX SERVICE  
Account Number : T20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ADDASNIL@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AAS GENERAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019 FEB 26 AM 10:42

FILED  
19 FEB 26 AM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 27 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AAS GENERAL 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:

**NILSON ADDAS JUNIOR**

Name of Person

**AAS GENERAL SERVICES LLC**

Firm/Company

**108 DON BISHOP RD BUILD 3 - UNIT 2**

Address

**SANTA ROSA BEACH, FL 32459**

City/State and Zip Code

**addasnjl@gmail.com**

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

For further information concerning this matter, please call:

**NILSON ADDAS JUNIOR**

at 321 318-9345  
( )  
Area Code Daytime Telephone Number

Name of Person

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**

00003/0005  
**FILED**  
**19 FEB 26 AM 5:36**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AAS GENERAL 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 08/29/2018 and assigned  
Florida document number L18000207224.

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)

108 DON BISHOP RD BUILD 3 - UNIT 2

SANTA ROSA BEACH, FL 32459

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

108 DON BISHOP RD BUILD 3 - UNIT 2

SANTA ROSA BEACH, FL 32459

**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:

NILSON ADDAS JUNIOR

New Registered Office Address:

108 DON BISHOP RD BUILD 3 - UNIT 2

*Enter Florida street address*

SANTA ROSA BEACH

Florida

32459

*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.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**



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

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

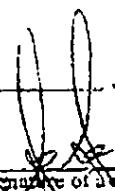
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 FEBRUARY 21th

2019

  
Signature of a member or authorized representative of a member

NILSON ADDAS JUNIOR

Typed or printed name of signee