

12/20/2018

12:40 AM

TO: 18506176383

FROM: 5612954218

L18000223519

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 : ACCOUNT BOOKKEEPING CORP
Account Number : 226129680055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADR SERVICES ORLANDO LLC

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TALLAHASSEE, FLORIDA

2018 DEC 20 PM 2:56

T. CLINE
DEC 21 2018
EXAMINER

H180003605473

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADR SERVICES ORLANDO 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:

GISELE SOUZA

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY ROAD SUITE 140

Address

ORLANDO FL 32811

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

GISELE SOUZA

407 898-1757

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

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H 18000 360 5473
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADR SERVICES ORLANDO 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 09/19/2018 and assigned
Florida document number L18000223519

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:

GABRIEL MARQUES

New Registered Office Address:

824 JUANITA CIRCLE

Enter Florida street address

MELBOURNE

City

Florida 32901

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

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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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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H 380003605473

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

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 604.0207 (S)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 20 DECEMBER 2018

Signature of a member or authorized representative of a member

ADEILSON DOS REIS

Typed or printed name of signee

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2010 DEC 20 AM 9:56
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA
SAN JOSE
to be filed as
001-0207 (S)(b)