

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 : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

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

Email Address: avaservicesfl@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVA STUCCO SERVICES, LLC

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FLORIDA

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Corporate Filing Menu

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JAN 10 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVA STUCCO 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:

Sandra Vasilakis

Name of Person

Firm/Company

11705 Boyette Rd

Address

Riverview, FL 33569

City/State and Zip Code

Sandra.V81@gmail.com

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

For further information concerning this matter, please call:

Sandra Vasilakis

Name of Person

at (407) 670-5890

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AVA Stucco Services

(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 1/2/19 and assigned
Florida document number L19000004646.

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**)

11705 Bayette Rd
Suite 260
Riverview FL 33569

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11705 Bayette Rd
Suite 260
Riverview FL 33569

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:

Sandra Vasiliadis

New Registered Office Address:

11705 Bayette Rd Riverview FL 33

Enter Florida street address

Riverview, Florida 33569

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.

Sandra Vasiliadis

(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>
MGR	Gregory S Vasilakis	1175 Great Shady Ln	<input type="checkbox"/> Add
		Orlando, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GM	Johanna Vargas	1175 Great Shady Ln	<input type="checkbox"/> Add
		Orlando, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Vasilakis	11705 Bayette Rd	<input checked="" type="checkbox"/> Add
		Suite 260	<input type="checkbox"/> Remove
		Riverview FL 33569	<input type="checkbox"/> Change
MGR	Luis Lopez	11705 Bayette Rd	<input checked="" type="checkbox"/> Add
		Suite 260	<input type="checkbox"/> Remove
		Riverview FL 33569	<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

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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)

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 January 2nd, 2020

By _____

Signature of a member or authorized representative of a member

Greg Vasilekhis

Typed or printed name of signee

representative of a member

Johanne Vargas

Filing Fee: \$25.00

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