

L19 000000 7455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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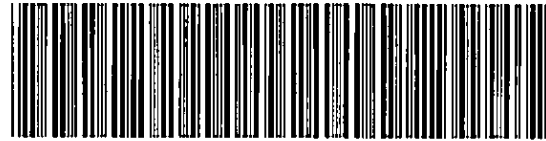
(Business Entity Name)

(Document Number)

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19 OCT 16 11:08 AM

FILED
19 OCT 16 AM 11:08
STATE OF TEXAS
FALL RIVER COUNTY

NOV 05 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMAR 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:

Danneys Armario Aragón
Name of Person

Armar Services. LLC
Firm/Company

460 W Oakridge Rd.
Address

Orlando Florida 32809
City/State and Zip Code

Voravssyo@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danneys Armario at (407) 5019619
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Armar 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 01/04/2019 and assigned Florida document number L19000007455.

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)

14 Carol Ave
Orlando Florida 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 Carol Ave
Orlando Florida 32807

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:

Voravus SLD LLC

New Registered Office Address:

7800 South Ian Blvd Suite 150

Enter Florida street address

Orlando

City

Florida

32809

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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19 OCT 16 AM 11:08
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1411 AM OCT 16 1970

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19 OCT 16 AM 11:08
ST. LOUIS, MO
FBI

09/01/2019

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.

Dated 10/11/ 2019

Danney Armaio Aragon
Typed or printed name of signee