19000043527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(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



900326383649

03/23/19--01007--001 ••23.00



V. C. Myles

COVER LETTER

SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	JUAN ARROYO	
	Name of Person	
	J.ARROYO AC SALES & SERVICES LLC.	
Firm/Company		
	1678 APRIL AVE.	_
	Address	— ₅₂₀
	DELTONA, FLORIDA 32725	2019 HAR 22 PH 4: 45 2019 HAR 22 PH 4: 45
	City/State and Zip Code	一號內語
	jarroyo.acsales@gmail.com	_ H9 R
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	造品の
JUAN ARROYO	407 694-0052 at ()	<u> </u>
Na	me of Person Area Code Daytime Telephone Nu	mber

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.ARROYO AC SALES & SER			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on02/1	2/2019	_and assigned
Florida document number L 19000043527	<u></u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	nation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
		Services	2019
			APP F
Enter new mailing address, if applicable:		ا مين امار در مارد امار مارد مارد امار مارد مارد مارد مارد مارد مارد مارد	2 F 2 7
Mailing address MAY BE A POST OFFICE BOX)			2 5
		रण हैं। 	2
			<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on ou ess here:	r records, enter the	name of the r
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	Enter Florida s	treet 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 are rewoved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUAN ARROYO	1678 APRIL AVE., DELTONA, FLORIDA 32725	
			☐ Remove
			Change
			Add
			□ Remove
			Change FILED FILED Change Change FILED Change FILED Change FILED Change
			SAND FILE
			Remove Remove
			D Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

			· · · · · · · · · · · · · · · · · · ·	
				
_				
				
	.			
				~
			<u></u>	2019 H
			<u> </u>	FILE HAR 22
····			<u> </u>	2 PH
			<u></u>	
			<u> </u>	5_
Mective da	ite, if other than the date of filing:late is listed, the date must be specific and cannot be p	prior to date of filing or more than	(optional)	uant to 605 020
lote: If the	date inserted in this block does not meet the appetractive date on the Department of State's reco	plicable statutory filing requi	rements, this date will r	iot be listed a
	specifies a delayed effective date, but day after the record is filed.	not an effective time,	at 12:01 a.m. on th	ne earlier d
ated	MARCH 13 2019			
		TP, Ma		
	Kura M.	Codurace alver		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00