## L1900053868

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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James L. Tomany 4222 NW 6<sup>th</sup> Ct. Deerfield Beach, FL 33442 239-699-9039

March 7, 2019

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Advanced Remodeling & Design, LLC Document Number: L19000053868

I recently registered my new LLC on your website but when I applied for a business loan they told me that the documents didn't identify me as the OWNER of the company. There was no place on the website form for me to do so only options for MGR, RA, AMBR or AP. I am filing this Articles of Amendment to correct this.

I have enclosed the form I was told to complete along with a check in the amount of \$60.00 to cover the cost of the filing fee, certified copy and Certificate of Status.

If you need additional information, I can be reached at 239-699-9039 24/7.

Thank you for your attention to this matter.

James L. Tomany

## **COVER LETTER**

TO: Registration Sc Division of Cor			
Advanced SUBJECT:	Remodeling & Home Desig	n, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James L. Tomany		
	Advanced Remodeling & H	Name of Person lome Design, LLC	
	4222 NW 6th Court	Firm/Company	
	Deerfield Beach, FL 33442	Address 2	
	jamestomany63@gmail.com	City/State and Zip Code	
	E-mail address; (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
James L. Tomany		239 699-9039	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

Advanced Remodeling & Home Design, LL	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
<b>(</b>	
	impany were filed on 2/25/2019 and assigned
Florida document number L19000053868	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
	in the second se
Enter new mailing address, if applicable:	in the second se
(Mailing address MAY BE A POST OFFICE BOX)	
	7.00
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> JAMES L. TOMANY	Address 4222 NW 6TH COURT,	Type of Action
MGRM		DEERFIELD BEACH, FL 33442	■ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			☐ Change
		,	☐ Remove
			□ Change
			☐ Remove
			□ Change

but was told by your staff	to use the abbreviation MGRN	A which will signify that h	e is the sole owner	
	<del></del>		<del></del>	
_				
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	<del> </del>			
te: If the date inserted in thi	must be specific and cannot be pr	licable statutory filing re	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	
record specifies a dela he 90th day after the		not an effective tim	e, at 12:01 a.m. on the	earlier of:
March 7	2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00