

L19 0000 60674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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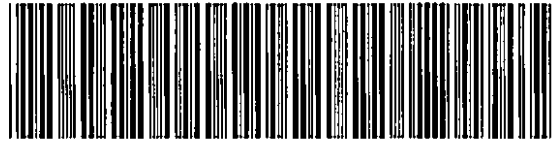
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

B. BRUCE
APR 02 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A D AGGREGATE DELIVERY SERVICES LIMITED LIABILITY

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:

Awilda Diaz

Name of Person

A D AGGREGATE DELIVERY SERVICES LIMITED LIABILITY COMPA
ANY

Firm/Company

3340 Windleshore way

Address

Sanford, Florida 32773

City/State and Zip Code

cocinero58@gmail.com

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

For further information concerning this matter, please call:

Marcos Santiago

321 231-2109
at ()

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 MAR 28 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A D AGREGATE DELIVERY SERVICES LIMITED LIABILITY COMPANY

(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 03/04/2019 and assigned
Florida document number L19000060674.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A D AGGREGATE DELIVERY SERVICES LIMITED LIABILITY COMPANY

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)

3340 Windleshore way

Sanford, Florida 32773

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3340 Windleshore way

Sanford, Florida 32773

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:

MARCO SANTIAGO

New Registered Office Address:

Enter Florida street address

City

Florida

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 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	Marcos A. Santiago	891 Claydon way	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Awilda Diaz	3340 Windleshore way	<input checked="" type="checkbox"/> Add
		Sanford, Florida 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2019 MAR 28
 DEPARTMENT OF
 REVENUE
 FLORIDA
 STATE
 TREASURER

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

FILED
2019 MAR 22 PM 2:03
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

(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)

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 03/20/2019

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Marcos A. Santiago registered agent

Typed or printed name of signee