

L19000 170035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

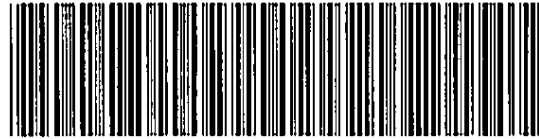
(Business Entity Name)

(Document Number)

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OEC 03 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A-1 QUALITY RESTORATION III 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:

RICHARD HUGHES

Name of Person

ALL AMERICAN RESTORATION COMPANY LLC

Firm/Company

541 BLUE HERON DRIVE

Address

PANAMA CITY, FL 32404

City/State and Zip Code

RICH@A-1QUALITYRESTORATION.COM

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

For further information concerning this matter, please call:

RICHARD HUGHES

850 520-3150
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)

mail to

Street Address:

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

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

136. 20 14:30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

N/A

N/A

N/A

N/A

Enter Florida street address

Florida

Civ

Zip Code

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>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

7/13/20 2:11:50

E. Effective date, if other than the date of filing: OCTOBER 16, 2020 **(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 OCTOBER 16TH 2020

X Daniel Kirk

Signature of a member or authorized representative of a member

DANIEL KIRK, MANAGING MEMBER

Typed or printed name of signee