

119 000 190 346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

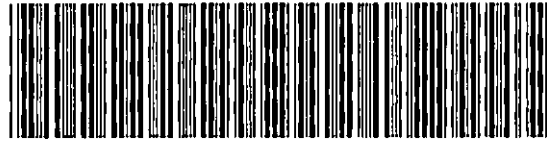
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2020 JAN -3 AM 9:55
SECRETARY OF STATE
HALL ANDERSON

Namech8

JAN 08 2020
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Al Florida Remodeling Pros 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:

Ewansha Mais
Name of Person

Firm/Company

3958 NE 5th Ave
Address

Oakland Park, FL 33334
City/State and Zip Code

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

For further information concerning this matter, please call:

Ewansha Mais at (954) 557-6657
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

RECEIVED
SEP - 9 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2019

EWANSIHA MAIS
3958 NE 5TH AVE
OAKLAND PARK, FL 33334

SUBJECT: A1 FLORIDA REMOLDING PROS LLC
Ref. Number: L19000190346

We have received your document for A1 FLORIDA REMOLDING PROS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 719A00019218

2020 JAN -3 PM 8:32

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

AI Florida Remolding Pros 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 7/24/19 and assigned
Florida document number L19000190346

This amendment is submitted to amend the following:

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

AI Florida Remodeling Pros LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2020 JAN -3 AM 9:55
CLERK OF CIRCUIT COURT
JANUARY 3, 2020
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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