

L2000000 4/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

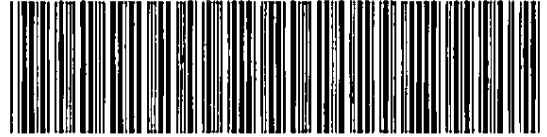
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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2020 FEB 20 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FL

○ SIMMONS

FEB 25 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2020

SHIANNE MINIARD
998 NE 5TH ST
CRYSTAL RIVER, FL 34429

SUBJECT: AAA RESTORATION LLC
Ref. Number: L20000004138

We have received your document for AAA RESTORATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 920A00002847

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA Restoration 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:

SHIANNE MINIARD

Name of Person

AAA RESTORATION LLC

Firm/Company

998 NE 5TH ST #105

Address

CRYSTAL RIVER, FL 34429

City/State and Zip Code

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

For further information concerning this matter, please call:

JOE CALABRO

352 527-2866
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 Address:

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

RECEIVED

FEB 20 2020

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

AAA RESORATION 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 12/23/2019 and assigned
Florida document number L20000004138.

This amendment is submitted to amend the following:

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

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)

998 NE 5TH ST #105

CRYSTAL RIVER FL 34429

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

998 NE 5TH ST #105

CRYSTAL RIVER FL 34429

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:

998 NE 5TH ST #105

Enter Florida street address

CRYSTAL RIVER

Florida 34429

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 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	SHIANNE MINIARD	998 NE 5TH ST #105	<input type="checkbox"/> Add
		CRYSTAL RIVER FL 34429	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

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SECURITY STATE
TALLAHASSEE, FL

FILED
2020 FEB 20 AM 7:44
SEAL T F
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STATE
FL

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.

Dated FEBRUARY 18 2020

SHIANNE MINIARD, MGR

Typed or printed name of signee