

L20 0000024177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

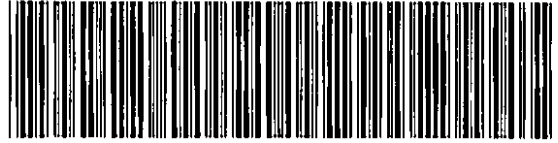
(Business Entity Name)

(Document Number)

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APR 21 2020

2020 4 1 -9 PM 7:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA & OMEGA HOME IMPROVEMENT 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:

PETER ROUSSONICOLOS

Name of Person

Firm/Company

2565 SW IMPORT DR

Address

PORT ST LUCIE, FL 34987

City/State and Zip Code

PETETHE GREEK001@GMAIL.COM

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

For further information concerning this matter, please call:

PETER ROUSSONICOLOS

at (772) 227-8298

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

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

ALPHA & OMEGA HOME IMPROVEMENT LLC 2020.11.19 11:41

(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 01/16/2020 and assigned
Florida document number L20000024177.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PETER ROUSSONICOLOS

New Registered Office Address:

3793 OLEANDER AVE

Enter Florida street address

FORT PIERCE

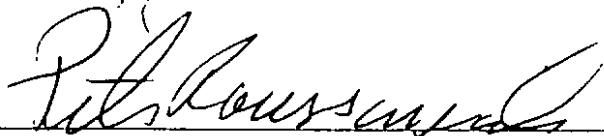
City

, Florida 34982

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>
MMBR	KLAUS PETER REMPIS	8731 FOX BROWN ROAD	<input checked="" type="checkbox"/> Add
		INDIANTOWN, FL 34956	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	PETER ROUSSONICOLOS	2565 SW IMPORT DR	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRYAN M. PROTZMAN, SR.	452 SANSOM LN	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	KARLOS A. ORTIZ, SR.	9943 PERFECT DR	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 MARCH 31 2020

Signature of a member or authorized _____

Typed or printed name of signee