L200000 17266

| (Address) (Address) (City/State/Zip/Phone #) |
|--|
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

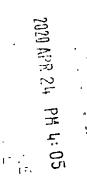




700343410357

04/24/20--01015--008 **60.00

S TALLENT MAY 0 6 2020



Krand



To: Florida Department of State.

Corporations Division.

04/20/2020

My name is ARIEL RAUL ALFONSO, my phone number is 407-485-3027, and my mailing address is 1310 W 38Th St, Hialeah, Florida, 33012.

My company was named ALFONSO ALL SERVICES LLC, it was created on 03/09/2020 with the number L0000077266.

This is a cover letter whose reason is to add me as an authorized person and complete the opening of my company's bank account at the Wells Fargo branch.

A check payable for \$60.00 is attached for fees, certificates and certified copies.

Aware of your comments and thank you in advance for your collaboration,

Regards,

Ariel Altonso



A: Departamento de Estado de Florida.

División de Corporaciones.

04/20/2020

Mi nombre es ARIEL RAUL ALFONSO, mi número de teléfono es 407-485-3027 y mi dirección postal es 1310 W 38Th St, Hialeah, Florida, 33012.

Mi compañía se nombra ALFONSO ALL SERVICES LLC, fue creada el 03/09/2020 con el numero L0000077266.

Esta es una carta de presentación cuyo motivo es agregarme como persona autorizada y completar la apertura de la cuenta bancaria de mi compañía en la sucursal de Wells Fargo.

Se adjunta un cheque pagadero por \$ 60.00 para las tarifas, certificados y las copias certificadas.

Al tanto de sus comentarios y agradecer de antemano su colaboración,

Saludos,

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---------|--------------------------------------|---|---|--------------------|---|
| erib ir | | ALL SEVICES L.L.C | | | |
| SUBJE | | Name of Lim | ited Liability Company | | |
| The en | closed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | |
| | | ARIEL RAUL ALFONSO |) | | |
| | | | Name of Person | | |
| | | ARIEL RAUL ALFONSO | O/ALFONSO ALL SERVIC | JES L.L.C | |
| | | - | Firm/Company | | |
| | | 1310 W 38TH ST | | | |
| | | | Address | - | |
| | | HIALEAH/FLORIDA 3 | 3012 | | |
| | | | City/State and Zip Code | | |
| | | arielalfher1972@gmail.com | | | |
| For fur | ther information co | n-man address: (oncerning this matter, please c | to be used for future annual re all: | port notification) | |
| ARIEI | . R. ALFONSO | | 407 485- at () | 3027 | |
| | Name of | Person | Area Code | Daytime Telepho | ne Number |
| Enclose | ed is a check for th | e following amount: | | | |
| □ \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALFONSO ALL SERVICES LLC | | |
|--|---|-------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) | |
| | | |
| The Articles of Organization for this Limited Liability Company w | ere filed on 8:00 AM, MARCH 09,2020 | _ and assigned |
| lorida document number 1.20000077266 | | |
| ionida document adamet | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbre | viation "L.l.,C." |
| Enter new principal offices address, if applicable: | | ىم |
| Principal office address MUST BE A STREET ADDRESS) | | 1929 |
| The man the man the proof man to the parties of | | 70 |
| | | 24 |
| | | F- |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | العالمة المستعلق |
| | | . 05 |
| | | |
| 3. If amending the registered agent and/or registered office adgent and/or the new registered office address here: | dress on our records, <u>enter the name o</u> | f the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| The state of the s | Enter Florida street address | |
| | | |
| | , Florida | Zio Code |
| | 1 771 | 2 (C) 1 (W) 147 |

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 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> | Address | Type of Action |
|--------------|------------------|-------------------------------------|----------------|
| AMBR | ARIEL R. ALFONSO | 1310 W 38TH ST. HIALEAH, FL. 33012. | = Add |
| | | | □Remove |
| | | | □Change |
| | | - | □Add |
| | | | □Remove |
| | | □Change | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | □Remove | |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | | | |
|---|--|-------------------------|--|---|---|
| | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | | | |
| | - | | | | |
| | | | · ··· | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | <u>.</u> . | | |
| | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| ote: If the date insert | er than the date of fact, the date must be specificed in this block does to the Department | not meet the applica | o date of filing or more ble statutory filing r | (optional) than 90 days after filing equirements, this date |) Pursuant to 605,0207 will not be listed as |
| | ived effective date bu | it not an effective tir | ne. at 12:01 a.m. on | the earlier of: (b) T | he 90th day after the |
| record specifies a dela is filed. | -, | | | | |
| record specifies a delatis filed. April.20 | | 2020 | _ · | | |
| is filed. | | -: | rized representative of | | |