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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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	ALL AMERICAN 24/CORPORATE NAME AND DO					
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CUVER LETTER

O: Registration Security Division of Cor	
SUBJECT:	ALL AMERICAN 24/7 LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	1ST VAN PANIEZ PENCZ Name of Person
	Name of Person
	ALL AMERICAN 24/7 LLE Firm/Company
	9/55 RAMBLEWOOD DRIVE APT316 Address
	CORAL SPRINGS 3307/ City/State and Zip Code
	ALLAMERICANLLC 247 @ GMAIL. COM. E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
/STYAN DA	Person at (305) 200 9574 Area Code Daytime Telephone Number
Enclosed is a check for th	following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ALL AMERICAN	24/7 6		
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L</u> 20 00096		03/2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "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:		202 SE TAL	_
(Mailing address MAY BE A POST OFFICE BOX)		CR. AF	_T:
		R 27	
B. If amending the registered agent and/or registered office	address on our records	enter the name of the new regist	tered
agent and/or the new registered office address here:	2001 (33 02 021 1200)	S IAIL ORIC	U
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida stre	et address	
	<u>-</u>	, Florida	_
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	i		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e perjormance oj my uu provided for in Chante	er 605. F.S. Or. if this document is	
If Cha	nging Registered Agent, Sig	nature of New Registered Agent	

f 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>	Name	Address	Type of Action
'GR	VARGA VIKTOR	9155 RAMBLEWSODDR,	□Add
		APT 316, CORAL SP, 3307	<u> </u> ▶ Remove
			□Change
			_ 🗆 Add
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(If an ef <u>Note:</u>	tive date, if other than the date of filing: 04/02/20 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
e reco ord is f	rd 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 iled.
Dated	04/26/2020
	Signature of a member or authorized representative of a member
	100 101 DANIE DE 15
	/STVAN DANIEL PENCZ Typed or printed name of signee