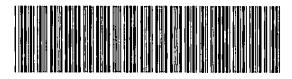
## 120000170266

	/D / 1 h)	
(	(Requestor's Name)	
	(Address)	
	(1.000)	
	(Address)	
(	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	<del></del>
,	(Business Emily Hame)	
	(Document Number)	
Certified Copies	Certificates of S	Status
		<del></del> ,
Special Instructions	to Filing Officer:	
		1
<del></del>		

Office Use Only



800353755698

10/19/20--01015--001 \*\*25.00

11/20/20

FILED 20 OCT 19 PK 2: 01

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:  All City Rooter 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:  Adel Torres  Name of Person  All City Rooter  Firm/Company  209 2nd St  Address  West Palm Beach FL 33413  City/State and Zip Code  Topres. Adel @ Yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adel	Torres Name of Person	
		Name of Limited Liability Company  and fee(s) are submitted for filing.  Eming this matter to the following:  Adel Torres  Name of Person  Ali City Rader  Firm/Company  209 2nd St  Address  West Palm Beach FL 33413  City/State and Zip Code  Torres. Adel @ yahoo.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (561) 294-0346  Area Code Daytime Telephone Number	
	209 2	nd St Address	<del></del>
	west '	Palm Beach Fl City/State and Zip Code	33413
	Topres E-mail address: (	. Adel @ yahoo.com to be used for future annual report notil	lication)
For further information c	oncerning this matter, please c	all:	
Adel Too Name o		at ( <u>561</u> ) <u>294</u> - Area Code Daytime	- O346 Telephone Number
Enclosed is a check for th	e following amount:		
🙎 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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 City R	ooter LLC	
( <u>Name of the Limited Linbi</u> (A Floric	lity Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Florida document number <u> </u>	Company were filed on6/18,6	2020 and assigned
This amendment is submitted to amend the following:		2020
A. If amending name, enter the new name of the lin	nited liability company here:	FIL
The new name must be distinguishable and contain the words "Lii	nited Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	mailing address, if applicable:  ddress MAY BE A POST OFFICE BOX)  dding the registered agent and/or registered office address on our records, enter the name of the new region the new registered office address here:  ame of New Registered Agent:	PEC
<del></del>	, F	Torida Zip Code
	City	rip cone

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

Title	<u>Name</u>	Address	Type of Action
Owner	Adel Torres	209 2nd St	XAdd
		209 2nd St West Palm Beach, FL	□Remove
		33413	□Change
			□Add
			Bemove
	<del></del>		— □ Remove  1000 DE ange T LE D
			?; 
		- <u> </u>	Change
			□Add
			□Remove
			□ Change
			□Add
			CRemove
			□Change
			🗆 Add
			□Remove
			Change

								_
_								_
								_
								_
	<del></del>	···					7070	<del>_</del>
					<del></del>		ි දි	Π
							19	E
							PM	0
-							فنا 📜	_
	<del></del>						: 9	_
_					<del> </del>			_
								_
	<del></del>	<del></del>			<del></del>			_
				<del></del>	<del></del>			_
	<del></del>					<del>_ ,</del>		_
								_
								_
					<u> </u>			_
(If an effec Note: If	e date, if other than the tive date is listed, the date must be the date inserted in this but's effective date on the I	ist be specific a llock does not	ind cannot be pr t meet the app	licable statutory			g.) Pursuant to 6	
he record ord is filed	specifies a delayed effecti d.	ve date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) T	The 90th day af	ier the
	10/14 	<u>.</u>	. 202	<u>-0</u> .				
Dated _	/		<b>م</b> ـــــــ					
Dated _		-l 0	Jamas	3 -	ntative of a memb			

E. ....