# L20000289583

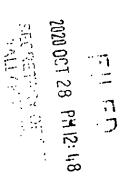
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LA-12/05/20

### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: ADF Resurface And More 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:
Fernand Lieves  Name of Person
ADF Resurface and Marie LLC Firm/Company  5528 Pine Clase Dr Apt 4  Address
5528 Pine Chase Dr Apt 4
Orlando FL 32808 City/State and Zip Code
City/State and Zip Code  A L An L more a g mail - com  E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Fernando Wievel at (407) 501 9716  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number <u>L Z 0000 7,89583</u> 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 "LLC." 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: New Registered Office Address: Enter Florida street address City

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

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR FERNANDO L NIEVES 5528 PINE CHASE DR APT 4 ORLANDO, FL. 32808

Title: MGR FERNANDO L NIEVES 5528 PINE CHASE DR APT 4 ORLANDO, FL. 32808

Signature of member or an authorized representative

Electronic Signature: FERNANDO L NIEVES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

\* BM/C As K me to remove one. It shows my name twice As A MGR.

L20000289583 FILED 8:00 AM September 15, 2020 Sec. Of State

agent04

Shank,

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
MGR	Fernand L Viewe,	5528 Pire Chase Dr	□Add
		Apt 4 Orlando F2 32808	& cmove
		Orlando F2 32808	
			□Add
		<del></del>	□Remove
			□Change
			⊡∧dd
			□Remove
			DChange
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	<del></del>		□Add
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n amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u> I	te date, if other than the date of filing:  (optional)  ctive 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' fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	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
d is file	
Dated _	10/20/2020
	1. mala 181 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of a member of authorized representative of a member
	Fernando L Piever
	[vpcd or printed name of signee

Filing Fee: \$25.00