

L20000350981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

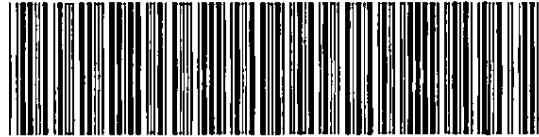
(Document Number)

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2021 APR 12 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FL

APR 12 2021  
D CUSHING

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Amelio Site Maintenance 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:

Robert Dyce

Name of Person

Amelio Site Maintenance LLC

Firm/Company

1511 E State Rd 434, Ste 2001

Address

Winter Springs, FL 32708

City/State and Zip Code

amelio.projects@gmail.com

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

For further information concerning this matter, please call:

Robert Dyce

407

913-2375

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR 12 PM 2:33

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2021

ROBERT DYCE  
1511 E STATE RD 434  
STE 2001  
WINTER SPRINGS, FL 32708

SUBJECT: AMELIO SITE MAINTENANCE LLC  
Ref. Number: L20000350981

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 221A00005828

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

Amelio Site Maintenance LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2021 APR-12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 11/05/2020

Florida document number L20000350981

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:

Robert Dyce

New Registered Office Address:

1511 E. STATE RD 434, STE 2001

*Enter Florida street address*

WINTER SPRINGS

Florida 32708

*City*

*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>                      |
|--------------|------------------|--------------------------|--|
| MGR          | JOHN G RODRIGUEZ | 3949 LAKESIDE RESERVE LN | <input type="checkbox"/> Add               |
|              |                  | ORLANDO, FL 32810        | <input checked="" type="checkbox"/> Remove |
|              |                  |                          | <input type="checkbox"/> Change            |
| MGR          | ANTHEA ECCLES    | 1511 E. STATE RD 434     | <input checked="" type="checkbox"/> Add    |
|              |                  | STE 2001                 | <input type="checkbox"/> Remove            |
|              |                  | WINTER SPRINGS, FL 32708 | <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            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |
|              |                  |                          | <input type="checkbox"/> Add               |
|              |                  |                          | <input type="checkbox"/> Remove            |
|              |                  |                          | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT DYCE

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**