

L20000355693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

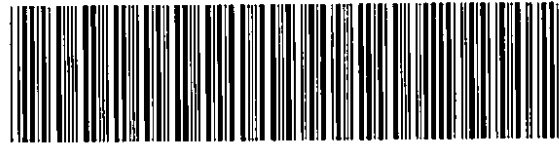
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only




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FILED
2023 APR 13 AM 10:59
CLERK OF THE STATE
TALLAHASSEE, FL

RECEIVED
2023 APR 13 PM 4:03
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: I20210000160 **\$ 25.00**

Authorization Signature: 

AAA New Group LLC L20000355693
Business Name Document Number

__ **Certified Copy**

__ **Certificate of Status**

NEW FILINGS

__ Profit Corp
__ Not for Profit
__ Officer/Director
__ Limited Liability
__ Domestication
__ Other
__ **CORP**
__ **LLLP**

AMENDMENTS

X Amendment
__ Resignation of R.A.

__ Change of Registered Agent
__ Revocation of Dissolution
__ Merger
__ **Conversion**
__ **Amended and restated Articles**
__ **Statement of Authority**

OTHER FILINGS

__ Annual Report
__ Fictitious Name
__ APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

__ Foreign filing
__ Limited Partnership
__ Reinstatement

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA NEW GROUP, 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:

HENRY PICHARDO

Name of Person

AAA NEW GROUP, LLC

Firm/Company

7547 SPATTERDOCK DRIVE

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

henrypichardo31@yahoo.com

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

For further information concerning this matter, please call:

HENRY PICHARDO

Name of Person

954

at ()

Area Code

798-6589

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

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

FILED
2023 APR 13 AM 10:59
CLERK OF STATE
TALLAHASSEE, FL

AAA NEW GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/10/2020 and assigned
Florida document number L20000355693.

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)

12452 WILES ROAD

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7547 SPATTERDOCK DRIVE

BOYNTON BEACH, FL 33437

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, Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
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2013 MAY 13 AM 10
DEPT OF STATE
TALLAHASSEE, FL

2013 APR 13 AM 10:59
DEPT OF STATE
TALLAHASSEE, FL

70

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) if an effective date is listed on the block date, and meets the applicable statutory filing requirements, this date will not be listed as the

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 APRIL 12 1963

Signature of a member or authorized representative of a member

HENRY PICHARDO

Typed or printed name of signer

Filing Fee: \$25.00