121000179831

(Requestor's Name)
(Address)
(Address)
(1.00000)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Business Entity Name)
(Dubinoso Linuty Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only 5, C.
09/28/24



800373641818

06/20/21--01018--010 **25.00



COVER LETTER

	Registration Se Division of Cor		6.		
	Florida ĄD	AS, LLC	,		
SUBJEC'	l':	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	urn all correspo	ondence concerning this matter	to the following:		
		Rafael F. Flores			
			Name of Person		
		Florida ADAS, LLC			
			Firm/Company		
		34821 Marsh Glen Ct			
			Address		
	City/State and Zip Code				
		info@floridaadas.com			
			to be used for future annual report notificati	ion)	
For furthe	r information c	oncerning this matter, please of	all:		
Rafael F I	Flores		727 637-3254 at ()		
	Name o	of Person	Area Code Daytime Tel	ephone Number	
Enclosed i	is a check for th	he following amount:		27	
≅ \$25,00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:			Street Address:		
	Registration S		Registration Section		
	Division of C		Division of Corporations		
	P.O. Box 632		The Centre of Talla		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida ADAS, LLC					
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liab	oility Company	were filed on OHTHEAST	and assigned		
Florida document number L21000179831	 ·				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabi	ility company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."		
Enter new principal offices address, if applicab	le:	34821 Marsh Glen Ct			
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." atter new principal offices address, if applicable: ### ASTREET ADDRESS The new mailing address MUST BE ASTREET ADDRESS ### ASTRE					
		74921 March Class Co.			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Zephyrhills, Fl 33541			
	here:		of the new registered		
New Registered Office Address: 34821 Marsh G			P 2		
	Zephyrhills	Enter Florida street address Florida 3354 City	Zip Code		
New Registered Agent's Signature, if changing Reg	istered Agent:		202		

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>	Address	Type of Action
MGR	Claire C. Valverde	35943 Lynan Farms Dr	
		Dade City, Fl 33525	□Remove
			□ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Remove
			Tit dauge A
			Add Com
<u> </u>		 	□Add
			□Remove
			□Change

				-
				_
		·		
		-		
			.	
	·			<u> </u>
			.,	
				
	 			
				
				_
				91 x
ective date, if other than the	date of filing:		(optional)	対象
effective date is listed, the date must	be specific and cannot be prior to o	late of filing or more than 90	days after filing.) Pursuant to	605.020
e: If the date inserted in this blo ument's effective date on the De				
	•		حـ ب	
ument's effective date on the De cord specifies a delayed effective s filed.	date, but not an effective time	, at 12:01 a.m. on the earl	ਕ licr of: (b) The 90th daਾ	ifter i be
s filed.	The state of the s	,	(a)	43
September 13th	2021			
	P. I.	•		

	Signature of a member or authorize	ed representative of a memb	er	