LZ1000282434

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor					
	OVATIONS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The analoged Articles of	Amendment and fee(s) are sub	unitted for filing			
	ondence concerning this matter				
ricase return an correspo	materies concerning and matter	to the tollowing.			
		John Lombardo			
	·	Name of Person			
		JAL INSURANCE SERVICES			
Firm/Company					
	171	9 E COMMERCAIL BLVD			
		Address			
	[Fi	ORT LOUDEERDALE,FL,33334			
	II OMBA	City/State and Zip Code RDO@JALINSURANCE.COM			
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
John Lombardo		754 9580878			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Realizad is a shook for the	h. Allowing assume		< O		
Enclosed is a check for the \$25.00 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 Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee,			Street, Suite 810		
rananasee,	L L J 44 J 1 T	ZTID IV. MOHIOC	Direct Date Old		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A ID REMOVATIONS LLC.

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000282434	were filed on 06/17/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabí</u>	llity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and the ne	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	1
	, Florida	Zlip Code 1
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DANCIU, ADAM J	1851 NE 25TH AVE APT A POMPANO BEACH, E	FL. □Add
			□Remove
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ective date, if other than n effective date is listed, the date	the date of filing:			(optional)	2 בי
n effective date is listed, the date te: If the date inserted in thi	must be specific and ca s block does not mee	nnot be prior to date t the applicable si	of filing or more than 9 atutory filing require	0 days after filing. ments, this date) Pursuant to 605.02 will not be listed
cument's effective date on the			, .		
ecord specifies a delayed effe is filed.	etive date, but not an	effective time, at	12:01 a.m. on the ea	rlier of: (b) Th	e 90th day after th
08/04 ted		2021			
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Typed or printed name of signee