

L21000381638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

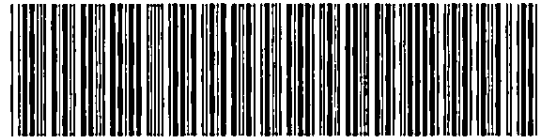
(Business Entity Name)

(Document Number)

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2021 SEP -3 AM 7:48
TALLAHASSEE, FL

PRICE
SEP 15 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ALL FAX SERVICES ONE 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:

JOSE MANUEL GARCIA

Name of Person

ALL FAX SERVICES ONE LLC

Firm/Company

446 SW 2ND APT 5

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

NPINZON@ALLBSOLUTIONS.COM

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

For further information concerning this matter, please call:

NESTOR E PINZON

Name of Person

954
at ()

Area Code

778-3143

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

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TALLAHASSEE, FL

ALL FAX SERVICES ONE LLC

The Articles of Organization for this Limited Liability Company were filed on 08/25/2021 and assigned Florida document number 1.21000381638

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

446 SW 2ND

APT 5

POMPANO BEACH, FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

446 SW 2ND

APT 5

POMPANO BEACH, FL 33060

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:

N/A

New Registered Office Address:

446 SW 2ND APT 5

Enter Florida street address

POMPANO BEACH

Florida 33060

(31)

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	PINZON, NESTOR M	446 SW 2ND	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARCIA, JOSE M	446 SW 2ND	<input checked="" type="checkbox"/> Add
		APT 5	<input type="checkbox"/> Remove
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FL
 48

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

N/A

2021 SEP -3 AM 7:48
TALAMON, SC, CT

E. Effective date, if other than the date of filing: 08-25-2021 (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

08-26-2021

Signature of a member or authorized representative of a member

JOSE M GARCIA

Typed or printed name of signee

Filing Fee: \$25.00