121000 475840

(Re	questor's Name)	
(Ad	dress)	
	4	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



400376731974

11/19/31--01034--003 **25.00

12-8-21 -125

2021 NOV 19 PM 12: 01

COVER LETTER

Division of Cor	rporations		
SUBJECT:	ALL ARound Hom	e Bryers LLC ited Liability Company	·
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTHO	Name of Person	
		Firm/Company	
		ylor ST APT 4 *	
		Address Only FL 33-21 City/State and Zin Code	
		City/State and Zip Code Silla 98 @gmail-Com to be used for future annual report notif	
For further information c	oncerning this matter, please co		
	PardillA	at (196) 614- (Daytime	5389
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		2021 NOV
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy 1 (additional copy is enclosed)
Mailing Addres		Street Address:	·

TO:

Registration Section

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**

ALL Afforms Home Buye	ms UC		
(<u>Name of the Limited Liability</u> (A Florida l	c Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on November 3,2221 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" we principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) sending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
	207		
Enter new mailing address, if applicable:	一直,一直一直,一直一直,一直一直,一直一直,一直一直,一直一直,一直一直,		
(Mailing address MAY BE A POST OFFICE BOX)	derican derivative and the second sec		
	ا الله الله الله الله الله الله الله ال		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
New Registered Agent's Signature of changing Registered	City Zip Code		

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
MUR	plikality & 13th	3518 TAYLOR ST API 4	i Add
V		HOHY COOS, FL 3352	□Remove
			□Change
MLR	Joel Pardilla	3518 Taylor ST APT 4	i\(\int\)Add
		Hollwad FL 33021	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
·			Remove
			□Change
	-		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
Effective	e date, if other than the date of filing: (optional)
	tive 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 605.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
Note: If documen	nt's effective date on the Department of State's records. 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
Note: If document to record sord is filed	nt's effective date on the Department of State's records. 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 f.
Note: If document the record sord is filed	nt's effective date on the Department of State's records. 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

Filing Fee: \$25.00