

1220000 88043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

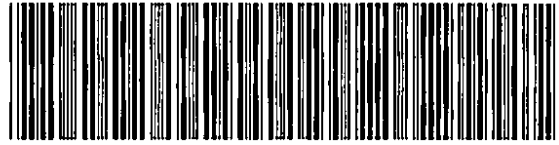
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TALLAHASSEE, FL 32304

FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&B HOME REMODELING SERVICES 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:

DIAZ SALAZAR, FRANCISCO J

Name of Person

A&B HOME REMODELING SERVICES LLC

Firm/Company

3406 26TH ST SW

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

239-309-4836

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

For further information concerning this matter, please call:

FRANCISCO J DIAZ SALAZAR

239

309-4836

at ( )

Name of Person

Area Code

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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

A&B HOME REMODELING SERVICES 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 01/18/2022 and assigned  
Florida document number L22000088043.

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)**

3406 26TH ST SW

LEHIGH ACRES, FL 33971

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3406 26TH ST SW

LEHIGH ACRES, FL 33971

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>
AMBR	SOLIS, DAESY	2517 42ND ST SW	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33976	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIAZ SALAZAR, FRANCISCO J	3406 26TH ST SW	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GISELLE OCHOA MOLINA	3406 26TH ST SW	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2020 JUL 17 PM 2:14  
CLERK OF DISTRICT COURT  
FALLA ACHACER, JUDITH

