122000109417

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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W22-50753

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

 Division of Co 	rporations			
A & E Hoi	me Repairs and services LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Aurelia Valentin			
		Name of Person		
		Firm-Company		
	2821 19TH ST SW			
		Address		
	Lehigh Acres FL 33976			
		City/State and Zip Code		
	achomerepairspecialist@gn			
		to be used for future annual report not	lication)	
For further information c	concerning this matter, please c	all:		
Aurelia Valentin		347 2247885		
Name c	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
	☐ \$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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2022

AURELIA VALENTIN 2821 19TH ST SW LEHIGH ACRES, FL 33976

SUBJECT: A & E HOME REPAIRS AND SERVICES LLC

Ref. Number: W22000050753

We have received your document for A & E HOME REPAIRS AND SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the incorrect forms have been filed and that you wish to file a conversion from a LLC to a Corporation. Please contact this office so that we can discuss your application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 922A00008896

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

2024 APR 25 PM 12: 06

A & E Home Repairs and Services INC		SEUNE MARCH
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	SEUDI DE LA SEEL FL
The Articles of Organization for this Limited Liability C Florida document number L22000109417	Company were filed on <u>03/04/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
A & E Home Repairs and Services LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
 -	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 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	Aurelia Valentin	2821 19TH ST SW	≌⊼dd
		Lehigh Acres FL 33976	□Remove
			□Change
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(If an effo <u>Note:</u> i	te date, if other than the date of filing: (operative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at if the date inserted in this block does not meet the applicable statutory filing requirements, int's effective date on the Department of State's records.	fter filing.) Pursuant to 60:	
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: d.	(b) The 90th day after	r the
Dated _	April 25 , 2022 . Aud: Uclub Signature of a member or authorized representative of a member		
	Jul Valut		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00