L23000360182

(Requestor's Name)	
(Address)	
, ,	
	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Cor	·		
SUBJECT: AU /	tmerican Re	Model Service	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	_ Qanti	A GYOSSI Name of Person	
	All America	an Remodel S	Ervice
	<u>17853 Wer</u>	ndy Sue Ave Address	
	Hudson, Santigros	FL 34667 City/State and Zip Code Si @ GM Cul. C to be used for future annual report notifi	om_
For further information c	oncerning this matter, please c		icanony
Santi A. Name o	GVOSSI FPerson	at (<u>262)</u> <u>492</u> Area Code Daytime	- 0856 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All American Remodel Service	e ilC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2300036018</u> 2	7 31 2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
		_
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)	7 2923 1 1 1 2923	_
		-
	元代 日 元代 PD つた PD	
Enter new mailing address, if applicable:	.) CO ;	
(Mailing address MAY BE A POST OFFICE BOX)	7 7	\-
	<u> </u>	-
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B. If amending the registered agent and/or registered office address on our re agent and/or the new regi <u>stered office</u> address h <u>ere</u> :	ecords, enter the name of the new registor	<u>:red</u>
agent and/or the new registered office address here.		
Name of New Registered Agent:		-
New Registered Office Address:		_
Enter Flor	ida street address	
	, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Travis Hanchelt	14303 Lynn Acres Ln	🖪 Ádd
		14303 Lynn Acres Ln Brooksville, FL 34601	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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re date, if other than the date of filing:	(optional)
ctive date is listed, the date must be specific and cannot be prior to date of filing or more than if the date inserted in this block does not meet the applicable statutory filing requi	90 days after filing.) Pursuant to 605.0
nt's effective date on the Department of State's records.	rements, this date will not be listed
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after t
rd.	
Captanalner 21 2022	
September 21 . 2023.	
Signature of a member or authorized representative of a me	ember

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Filing Fee: \$25.00