

L23100-300000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

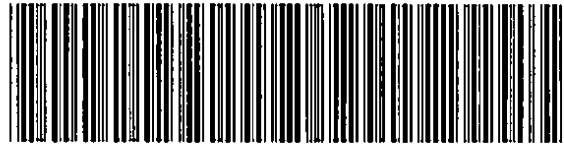
(Document Number)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

ALL HASSE, FLORIDA

2023 SEP 19 PM 12:40

R. HUNT
09/19/23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account I20210000160: \$25.00

Authorization Signature: 
Asphalt Maintenance & Striping LLC L23000366867
BUSINESS #DOC

☐ Certified copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Articles of Dissolution
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ **Conversion**
☐ **Amended and restated Articles**
☐ Statement of Correction

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE:

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ OTHER

EXAMINER'S INITIALS: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Asphalt Maintenance & Striping 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:

Christopher Solomon
Name of Person

Asphalt Maintenance & Striping LLC
Firm/Company

2323 Florida Blvd Apt C
Address

DelRay Beach FL 33483
City/State and Zip Code

amsasphaltllc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Solomon at (561) 539-5752
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

FILED
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Asphalt Maintenance & Striping 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 8-4-2023 and assigned Florida document number L23000366867.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2023 SEP 19 PM 2:45
DIVISION OF CORPORATE
STATE

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>
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<u>MGR</u>	<u>Christopher Solomon</u>	<u>2323 Florida Blvd Apt C</u>	<input checked="" type="checkbox"/> Add
		<u>Delray Beach, FL 33483</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>AMBR</u>	<u>Christopher Solomon</u>	<u>2323 Florida Blvd Apt C</u>	<input checked="" type="checkbox"/> Add
		<u>Delray Beach, FL 33483</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF STATE
PHOTOGRAPHY

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

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DIVISION OF CORP. SEC.
STATE OF NEW YORK

E. Effective date, if other than the date of filing: _____ (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)(t)

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 9 - 19 . 2023

Christopher Bue - Member
Signature of a member or authorized representative of a member

Christopher Solomon
Typed or printed name of signee