

M200000009275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

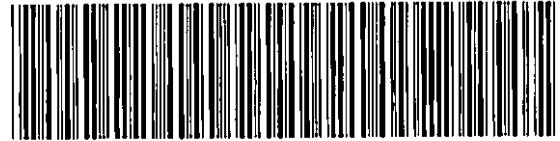
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200365749762

2021 MAY 10 AM 11:16

2021 MAY 10 PM 12:47

RECEIVED

2021 MAY -7 PM 2:37

SECRETARY OF STATE
-ALLAHASSEY- 10pm

O SIMMONS

MAY 11 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/10/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 915265

ORDER ENTITY

ACCELERATED CONSTRUCTION SERVICES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ACCELERATED CONSTRUCTION SERVICES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: arc@roblescruzlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2021 MAY 10 AM 11:16

SECTION I (1-4 must be completed).

1. Name of limited liability Company as it appears on the records of the Florida Department of,

State: ACCELERATED CONSTRUCTION SERVICES, LLC

Enter new principal office address, if applicable: 3700 34th Street

(Principal office address
MUST BE A STREET ADDRESS)

No. 201

Orlando, Florida 32805

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

3700 34th Street

No. 201

Orlando, Florida 32805

2. The Florida document number of this limited liability company is: M20000009275

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 10/15/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: 3700 34th Street, No. 201

Enter Florida Street Address

Orlando

City

Florida 32805

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

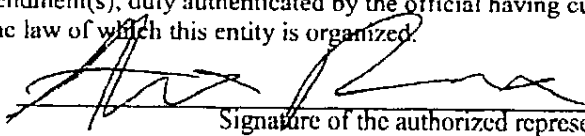
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

221 MAY 10 AM 11:15

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	KIMBERLY MCVEIGH	11407 CITRUS FILED PLACE	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
MBR	KIM MCVEIGH	11407 CITRUS FIELDS PLACE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

ANDRES ROBLES CRUZ, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00