

P14000089634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

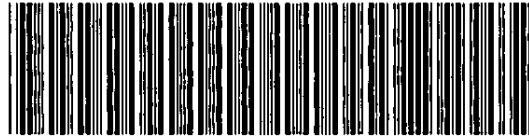
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/24/14--01008--008 **35.00

FILED
DEC 17 1967
FBI - NEW YORK

Amend
10 12/17/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L&L all home solution. INC

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia L Herrera

Name of Contact Person

L&L all home solution INC

Firm/ Company

10732 Glen Ellen Dr

Address

Tampa, FL 33624

City/ State and Zip Code

lorena_piva@hotmail.com

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

For further information concerning this matter, please call:

Claudia L Herrera

at (813) 404-5093

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2014

CLAUDIA L. HERRERA
L & L ALL HOME SOLUTIONS INC.
10732 GLEN ELLEN DR.
TAMPA, FL 33624

SUBJECT: L & L ALL HOME SOLUTIONS INC
Ref. Number: P14000089634

We have received your document for L & L ALL HOME SOLUTIONS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment and list the complete address for the officer/directors being added.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00025484

RECEIVED

14 DEC 17 AM 11:32

DEPT OF STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FL 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 DEC 17 PM 4:07

L&L all home solution INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10732 Glen Ellen Dr.
TAMPA, FL 33624

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10732 Glen Ellen Dr.
TAMPA, FL 33624

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent CLAUDIA L. Herrera

10732 Glen Ellen Dr. TAMPA FL 33624
(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>V</u>	<u>Lazaro F. Herrera</u>	<u>10732 Glen Ellen Dr</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA FL</u>
<input type="checkbox"/> Remove			<u>33624</u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>Carlos Y. Marin</u>	<u>10732 Glen Ellen Dr</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA FL</u>
<input type="checkbox"/> Remove			<u>33624</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(If not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 11/20/2014, if other than the date this document was signed.

Effective date if applicable: 11/20/2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

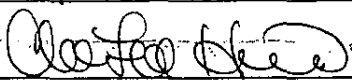
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/20/14

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Claudia Lorena Herrera
(Typed or printed name of person signing)

President
(Title of person signing)