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S. ROBERTS

JUN - 8 2023

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor					
CHO LECT.	SANTY'S PAINTING LLC Name of Limited Liability Company					
SUBJECT:						
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	indence concerning this matter	to the following:			
		KARLA P ACOSTA CRU	7Z			
			Name of Person			
		SANTY'S PAINTING LL	С			
			Firm/Company			
		204 RANDOLPH CT				
			Address			
		LAKE WORTH FL 3346	i			
			City/State and Zip Code			
		ACOSTAKARLAJ1993@0	GMAIL.COM to be used for future annual report not	ification)		
For further i	nformation c	oncerning this matter, please c				
	ACOSTA CR	•	561 388 5628			
		at () Area Code Daytin	ne Telephone Number			
			,			
Enclosed is	a check for th	ne 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)		
	iling Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		•	The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTY'S PAINTING LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
he Articles of Organization for this Limited Liability	ty Company were filed on $\frac{09/02/2021}{}$ and assi	gned
orida document number L21000391855		
his amendment is submitted to amend the following		
. If amending name, enter the new name of the l	limited liability company here:	
ANTY'S PAINTING AND CLEANING SERVICES L	.LC	
ne new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.I	C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
	٠٠ -	
nter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	ن
. If amending the registered agent and/or registe gent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new</u> re:	regist
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 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>	Name	Address	Type of Action
·			
			□Remove
			Change
			□ Add
			□Remove
		-	
			□Add
			□Remove
			Change
			□Add
		.	□Remove
			□Change
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(If an eff <u>Note:</u>	tive date, if other than the date of filing:
f the recor	rd 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 led.
Dated	04105 . 2023 .
	Signature of a member of authorized representative of a member
	Karla Patricia A Costa Criz Typed or printed name of signee

Filing Fee: \$25.00