L20 000145776

| (Requ | estor's Name) | |
|-----------------------------|-----------------|------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nam | ne) |
| (Docu | ment Number) | · <u> </u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ing Officer: | |
| | | |
| | | |
| | | |





400387875414

05/23/22--01020--004 **25.00

DIVISION OF COMPONATIONS

22 MAY 23 AM 8: 08

T. MATTHEWS

JUL 27 2022

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

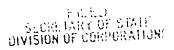
AOK Paver Sealing and Power Washing SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Addante Name of Person AOK Paver Sealing and Power Washing Firm/Company 1257 Priory Circle Address Winter Garden, FL 34787 City/State and Zip Code aokpaversealing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony Addante Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY 23 AM 8: 08

| (<u>Name of the Limited Liability Compa</u>) (A Florida Limited L | ny as it now appears on our records.) nability Company) | |
|---|--|-----------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company." the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter th</u> | e name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | da Zip Code |
| | Cur | г.ф Соае |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------------------------------|----------------|
| AMBR | Brad Arnold | 2767 Hilltop Loop, Apopka, FL 32712 | 🗆 Add |
| | | | ≅Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | 🗀 Change |
| | | | |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □Remove |
| | | | □Change |

| | | | | | | | | <u>-</u> | | _ |
|--------------------------------|--|---|---|-------------------------|-----------------------------|-------------------------------|---------------|---|------------------|-----------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | • | • | | | | | | | | |
| | <u> </u> | <u></u> | | | | <u>-</u> | | | | |
| | | | | | | | - | | | _ |
| | | | | | | | <u></u> | | | |
| | | | | | | | | - | | |
| | | | <u> </u> | | | | | | | _ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | _ |
| | | | | · - | | | | | | |
| | | | | | | | | | | _ |
| | | | | | | | | | | |
| | _ | | | <u>.</u> | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | _ |
| | | | · · · | | | | ····· | | | |
| (If an effectiv Note: If th | ve date is listed, t he date inserted | than the date he date must be sp d in this block do e on the Departn | ecific and o | cannot be preet the app | dicable statu | filing or mon story filing | e than 90 day | optional) s after filing s, this date | .) Pursuant to (| 605.0207 (. listed as tl |
| ie record sp ord is filed. | ecifies a delay | ed effective date | , but not a | ın effectiv | e time, at 12 | :01 a.m. or | the earlier | of: (b) Ti | ie 90th day a | fter the |
| Dated | May_ | 13th (Mx | J. | <u>293.</u> M | 21. [][| 1 | | | | |
| | | Signal | ure of a h | ember of a | nhorized repr | esentative o | f a member | | | |
| | | 12,00 | $\sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_{j$ | Λ (| $L \setminus I \setminus I$ | 4 | > | | | |

Filing Fee: \$25.00