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(City/State/Zip/Phone #)

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2020 AUG 11 PM 5:27

SEP 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Antique Restoration and Design, 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:

Lysa Bozel

Name of Person

Antique Restoration and Design

Firm/Company

4700 N. Nebraska Ave

Address

Tampa FL 33603

City/State and Zip Code

acme4700@gmail.com

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

For further information concerning this matter, please call:

Lysa Bozel

Name of Person

at (813) ~~830~~ 830-8233

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 AUG 11 11:05 AM  
Antique Restoration and Design 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 7/7/2016 and assigned  
Florida document number L16000128595.

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)**

4700 N. Nebraska Ave  
Tampa FL 33603

**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:

TERESA CASTELLANO

New Registered Office Address:

4700 N. NEBRASKA AVE

Enter Florida street address

TAMPA

City

Florida

33603

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.*

T. Castellano

**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

2009 AUG 11 PM 5:27

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Bozel	1904 E Park Circle Tampa FL 33610	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael Bozel		<input type="checkbox"/> Add
		4700 N. Nebraska Ave Tampa FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lysa Bozel		<input type="checkbox"/> Add
		4700 N. Nebraska Ave Tampa FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	LKB		<input type="checkbox"/> Add
		2506 Rocky Point Dr Tampa FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lysa Bozel		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1904 E Park Circle Tampa FL 33610	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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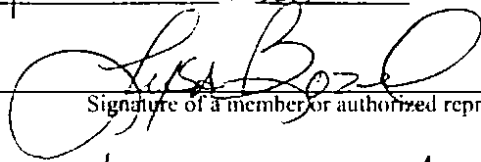
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(b)

**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 29 July 2020



Signature of a member or authorized representative of a member

Lysa Bozell

Typed or printed name of signee

Filing Fee: \$25.00