L17000027681

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COVER LETTER

Division of Corpo	orations		
SUBJECT: First	Coast Property Name of Lim	Maintenance and Se lited Liability Company	Nices LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Paul Bake	مورن ردک Name of Person	<u></u>
		Name of Person	
		Firm/Company	
	17 Port Ro	yel Dive Address	. <u></u>
	Palm Cast	FL 30164 City/State and Zip Code	
	Porish picassi	o products @ apail to be used for future annual report notif	ication)
For further information con	cerning this matter, please co	all:	
Paul Butkiew Name of P	crson	at (904) 452 6 Area Code Daytime	11 \ Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
Mailino Address		Street Address:	

Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

First Coast Property Maintenance & Services 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 _______________________________and assigned Florida document number _ L 17000027681 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Polish P. Casso Products LL.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 17 Prot Royal Drive Relm Coast FL 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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
			□Add
			□Remove
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te:	ive date, if other than the date of filing:
	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.
ted	October 23 . 2021
	Paul Budiciery
	Paul Butter 3 . 2021 . Signature of a member of authorized representative of a member

Filing Fee: \$25.00