

L 17000 092 329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

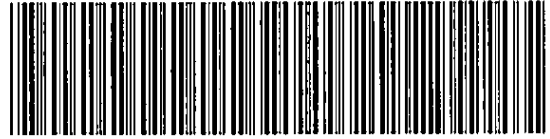
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2023 JUN 19 PM 1:12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2023

ISABEL C FLOREZ  
FLOREZ ACCOUNTING & TAX SOLUTIONS INC  
8051 N TAMiami TRAIL, SUITE A9  
SARASOTA, FL 34243

SUBJECT: PAINTING & PRESSURE WASHING RENOVATIONS , LLC  
Ref. Number: L17000092329

We have received your document for PAINTING & PRESSURE WASHING RENOVATIONS , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000283913.

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) 245-6862.

Sean Toner  
Director

Letter Number: 923A00010434

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PAINTING & PRESSURE WASHING RENOVATIONS, 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:

ISABEL FLOREZ

Name of Person

FLOREZ ACCOUNTING & TAX SOLUTIONS INC

Firm/Company

8051 N TAMiami TRAIL SUITE A9

Address

SARASOTA, FL 34243

City/State and Zip Code

FLOREZACC.TAXSOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

ISABEL FLOREZ 941 351-9727  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1601 UV-Visible Spectrophotometer. The concentration of chlorophylls was expressed in mg g<sup>-1</sup> of dry weight.

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(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(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.

Dated \_\_\_\_\_ JUNE, 09 2023

Julian Betancur  
Signature of a member or authorized representative of a member

JULIAN BETANCUR  
Typed or printed name of signee