17000143844

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· ·	J

Office Use Only



600419802226

12/04/23--01030--021 **25.00

A. PARISHANI DEC 16 2023

COVER LETTER

TO:

FO: Registration Se Division of Cor		l .		
Next Level	Painting, LLC		JAYIS SIYIS	200
SUBJECT:	Name of Lim	ited Liability Company	TALLAHASS)
			\$ 500 .	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	TROS	:
Please return all correspo	ondence concerning this matter	to the following:		-
	Delmer Regalado			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Next Level Painting, LLC			
		Firm/Company	 	
	4205 7th St W			
		Address	-	
	Lehigh Acres, FL, 33971			
		City/State and Zip Code	·	
	nextlevelpainting01@gmail			
		to be used for future annual report not	fication)	
For further information of	oncerning this matter, please c	all:		
Delmer Regalado		239 246-1744 at ()		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres	····	(<u>Street Address:</u>		
Mailing Address: Registration Section		Registration Se		
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee,	rlJ 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Level Painting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Li	mited Liability Company)	Sam 🚖
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number L17000143844		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Next Level Painting & Contracting Group, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registere
agent and the feet regions of the address of the ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
		72.54

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Title Name** <u>Address</u> **Type of Action ElAdd** □ Remove \Box Change $\Box Add$ Remove □Change \square Add □ Remove _ DChange \square Add □Remove □Change

 $\square Add$

□Remove

 \Box Change

Page 2 of 3

		<u> </u>		
•			2023 avii	
			1	
			SSERIE F	
		•	Fig. S	
				_ ~
			भक्ष 🗲	
		<u> </u>		
 				
		• •		<u> </u>
.				
		I		
Effective date, if other than the difference date is listed, the date must be	ate of filing: e specific and cannot be prior t	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to	605.0207
Note: If the date inserted in this bloc	k does not meet the applica	ble statutory filing require	ments, this date will not be	listed as
locument's effective date on the Dep	ariment of State's records.			
ne record specifies a delayed on The 90th day after the recor		an effective time, at	12:01 a.m. on the ea	ırlier o
Dated November 24	2023			
·	Aus	_		
	gnature of a member or autho	5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	h	_

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee