L1800087672

(Re	equestor's Name)	
(Ad	idress)	_
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	_
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	J. HORNE AUG - 1 2022	

Office Use Only



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FILED 2022 JUL 29 AM 8: SETTRE LARY OF ST

FLORIDA CAPITAL COURIER	SERVICES, INC	
2330 CLARE DRIVE		
TALLAHASSEE, FL 32309	• 4 4	
(850) 524-5437		
(850) 524-6243		
•	and the second s	
PLEASE use funds from ACCT Authorization Signature:	roll	
Business	Document #	
Walk in Mail out PhotocopyCertified Copy _X_ Certificate of Status	Pick up timeWill wait	RECENTED 144
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. OfficeChange of Registered AgenDissolution/WithdrawalMergerConversion	
OTHER FILINGS	REGISTERATION/QUALIFICATION	<u>ONS</u>
Annual Report	Foreign filingLimited Partnership	
Fictitious Name	Reinstatement	
APOSTIL ()	Other	

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE use funds from ACCT: J20210	000160 AMOUT: <u>\$30.00</u>
Authorization Signature:	
NETO FLOOR REMOVAL LLC Business	L18000087672 Document #
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Walk in	Pick up time
Mail out	Will wait
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Photocopy	
Certified Copy	
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NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
·	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
Country	

COVER LETTER

	Registration S Division of Co			
SHOULC	NETO FLO	OOR REMOVAL LLC		
SUBJEC	1: <u></u>	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		PIERO LEONARDI DE C	QUEIROZ	
			Name of Person	
			Firm/Company	
		4775 CREEKSIDE PARK	AVE	
			Address	
		ORLANDO, F, 32811		
			City/State and Zip Code	
		ANA@BIZNEZSOLUTIO	NS.COM to be used for future annual report not	(fication)
For further	information c	oncerning this matter, please c	•	
ANA DE	SA		407 4215251 at ()	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fec	■ \$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)
R D	lailing Addressegistration Services	Section orporations	Street Address: Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHISSEE FILED

NETO FLOOR REMOVAL 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 Comp	any were filed on 04/06/2018	and assigned
Florida document number L18000087672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
ROX DEMOLITION & RESTORATION SERVICES LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offic	ce 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
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my dutions of provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
Ĩf C	hanging Registered Agent, Signa	ture 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

<u>Title</u>	Name	Address	Type of Action
	 		□Add
			□Rcmove
			□ Change
			
			□Remove
			Change
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			□Change

	ecessary.)
	
	
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day after the	(b) The 90th day a
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Filing Fee: \$25.00