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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PINPOINT GUIDANCE INC  
Account Number : 120180000092  
Phone : (954)371-9511  
Fax Number : (954)933-3379

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LV IMPROVEMENT SERVICES, LLC**

Certificate of Status	0
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JUN 28 2019

RECEIVED  
19 JUN 27 AM 7:14  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **LV IMPROVEMENT SERVICES 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:

**VANESSA PUSKAS**

\_\_\_\_\_  
Name of Person

**AMBR**

\_\_\_\_\_  
Firm/Company

**2527 NW 49TH TERRACE**

\_\_\_\_\_  
Address

**COCONUT CREEK, FL 33063**

\_\_\_\_\_  
City/State and Zip Code

**V.A.BUSINESSOLUTIONS@GMAIL.COM**

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

For further information concerning this matter, please call:

**VANESSA PUSKAS**

\_\_\_\_\_  
Name of Person

at ( **954** ) **600-1735**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2019 JUN 27 A 3:42  
TALLAHASSEE, FL 09000

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LV IMPROVEMENT 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 05/03/2018 and assigned  
Florida document number L18000111834

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PUSKAS MOBILE HOMES LLC

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)

1700 BANK ROAD SUITE 50P

MARGATE, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 BANKS ROAD SUITE 50P

MARGATE, FL 33063

**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:

VANESSA PUSKAS

New Registered Office Address:

1700 HANKS RD SUITE 50P

Enter Florida street address

MARGATE

City

Florida 33063

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.

VANESSA PUSKAS

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PUSKAS, VANESSA	2527 NW 49TH TERRACE COCONUT CREEK, FL 33063	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	PUSKAS, VANESSA	1700 BANKS RD SUITE 50P MARGATE, FL 33063	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DA CUNHA, ROSANA F	2527 NW 49TH TERRACE COCONUT CREEK, FL 33063	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	MOLETTIERI, MONICA MESQUITA	1700 BANKS RD SUITE 50P MARGATE, FL 33063	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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2019 JUN 27 3 11 PM  
FALLAH ASST. CLERK

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

111111

2110 JUN 27 A 3:42  
TALLAHASSEE FLORIDA

**JUNE 26, 2019**

**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 "as soon as practicable.")

**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 JUNE 26 2019

Vanessa Puskas

Signature of a member or authorized representative of a member

MGR

Typed or printed name of signee