## 1190000 19437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O SIMMONS MAR - 8 2022



January 23, 2022

KEITH J. ANDRADE 534 25TH ST NW NAPLES, FL 34120

SUBJECT: JOSEPH LAWRENCE OF NAPLES LLC

Ref. Number: L19000019437

We have received your document for JOSEPH LAWRENCE OF NAPLES 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.

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) 245-6053.

Yvette Scott Supervisor

Letter Number: 322A00001774

## **COVER LETTER**

TO: Registration Se Division of Cor					
Joseph Law	rerance of Naples LLC				
SUBJECT:				<u> </u>	
	Name of Lim	ited Liability Company			
rrn I I I I I I		1 1.C. C11			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Keith J Andrade				
		Name of Person			
	Joseph Lawerance of Naple	es LLC			
		Firm/Company		<del></del>	
	534 25th St NW				
		Address			
	Naples FL 34126 No	aples, FL 3412	30		
		City/State and Zip Co	xde	<del> </del>	
	Keithndarcy@gmail.com				
		to be used for future ann	ual report notifica	Hion)	
	concerning this matter, please c				
Keith J Andrade			7765057		
Name o	of Person	at () Area Code	Daytime T	elephone Number	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	,	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre	re:	Street	t-Address:		
Registration (			stration Section	on	
Di		District and Co.			

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

Joseph Lawerance of Naples LLC

2022 FEB 28 AM 7: 03

If Changing Registered Agent, Signature of New Registered Agent

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now ap	pears on our records.)	ATC
(A Florida L	imited Liability Compa	TALLAHASSEE F	ላ፤ ር. ' <b>:</b>
			ι,
The Articles of Organization for this Limited Liability Cor	npany were filed or		and assigned
Florida document number 1.19000019437			
riorida document numbe:			
This amendment is submitted to amend the following-			
A. If amending name, enter the new name of the limite	ed liability compan	y here:	
KNDLLE KND PORSSINGI	Sequices		
The new name must be distinguishable and contain the words "Limite	ed Liability Company."	the designation "LLC" or the a	bbreviation "L.L.C."
	o isidomicy company.	and designation three of the c	and the transfer
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRE	SS)		
	<del></del>	<del></del> -	
Enter new mailing address, if applicable:			
.,			
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		<del></del>
		<del> </del>	
B. If amending the registered agent and/or registered of	office address on a	ur roopeds antor the nor	na af tha naw wasiatanad
agent and/or the new registered office address here:	onice address on or	ar records, <u>enter the hat</u>	ne of the new registered
agent und/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	دو فاید "	معدول إلى المعطم والشواك	······································
	City	, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance nt as provided for :	e of my duties, and Lam, in Chapter 605, F.S. Or,	familiar with and if this document is

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
MGR	Darcy E Andrade	534 25th St NW	Add
		Naples FL 34120	Sandt .
			□Remove
		<del></del>	©Remove
			□Change
			□Add
			□ Remove
			☐Change
			⊡Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Add
		<del></del>	🖾 Remove
			[[Cham.sa

f amending any other informa	tion, enter change(s) here	: (Attach additional sh	eets, if necessary.)	
		<del>.</del>		
				<u>_</u>
			**	
<del></del>				
		· <del></del> ·		
			<u> </u>	
ffective date, if other than the an effective date is listed, the date mu.  Sote: If the date inserted in this blocument's effective date on the D	ock does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.020 fisted as
record specifies a delayed effectiv is filed	e date, but not an effective tin	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	after fne
January 3rd	2022			
สเะด์		_•		
	Signature of a member or author			-
	Keith ?	S. Andrad	le	
<del></del>	Typed or printer	d name of signee	· · · · · · · · · · · · · · · · · · ·	_