

L19000023771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

7

☐

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status

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10

STATE
SEAL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2023

ALFREDO MERCADO
PRIME TAX SOLUTIONS LLC
50 N LAURA ST STE 2500
JACKSONVILLE, FL 32202 US

SUBJECT: LISKEY PAINTING LLC
Ref. Number: L19000023771

RECEIVED
2023 MAY -8 PM 1:08
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for LISKEY PAINTING 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 registered agent must sign accepting the designation.

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) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 523A00009202

RECEIVED

MAY - 6

FILED
2023 MAY -8 PM 4:10
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES
STATE
OFFICE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

LISKEY PAINTING LLC

SUBJECT: _____
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:

ALFREDO MERCADO

Name of Person

PRIME TAX SOLUTIONS LLC

Firm/Company

50 N LAURA ST STE 2500

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

FREDO@PRIMETAXJAX.COM

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

STATE
OFFICE
TALLAHASSEE, FL

2023 MAY -8 PM 4:10

FILED

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

Name of Person at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
Tallahassee, FL 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LISKEY PAINTING 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 01/22/2019 and assigned
Florida document number 119000023771.

This amendment is submitted to amend the following:

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

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)

4435 TOUCHTON RD E

APT 707

JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4435 TOUCHTON RD E

APT 707

JACKSONVILLE, FL 32246

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:

PRIME TAX SOLUTIONS LLC

New Registered Office Address:

50 N LAURA ST STE 2500

Enter Florida street address

JACKSONVILLE

Florida 32202

City

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.



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>
P	LISKEY L ARAUJO ANEZ	4435 TOUCHTON RD E	<input type="checkbox"/> Add
		APT 707	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change
VP	OSWALDO E GUTIERREZ ARAUJO	4435 TOUCHTON RD E	<input type="checkbox"/> Add
		APT 707	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.



OSWALDO E GUTIERREZ ARAUJO

Typed or printed name of signee

FILED
2023 MAY -8 PM 4:10
CLERK OF DISTRICT COURT
STATE OF FL.