11900003377

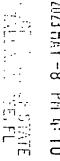
(Requestor's Name)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800403190998

00,000, 0000, 4000, 420,00





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

2023 KAY -8 PM 1: 08

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



COVER LETTER

TO: Registration S Division of Co	ection rporations				
	AINTING LLC				
SUBJECT:	<u> </u>		_		
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALFREDO MERCADO				
		Name of Person		-	
	PRIME TAX SOLUTION:				
		Firm/Company		••	
	50 N LAURA ST STE 250	00		2023 MAY	
		Address		† : 🚊	
	JACKSONVILLE, FL 322	02		ပ ထ	2 . The D
	FREDO@PRIMETAXJAX	City/State and Zip Code .COM		PH 4: 10	
	E-mail address: (to be used for future annual report notific	cation)	TE 10	
For further information c	concerning this matter, please c	all:			
ALFREDO MERCADO		904 729-0372			
		at ()_			
Name o	t Person	Area Code Daytime	Telephone Number	•	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LISKEY PAINTING LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited I Florida document number	Jiability Company	were filed on 01/22/2019		and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the		lity Company," the designation "Ll 4435 TOUCHTON RD E	.C" or the abbrevi	iation "L.I	C. "
Enter new principal offices address, if applicable:		APT 707		~	
Principal office address MUST BE A STREE	JACKSONVILLE, FL 32246		773		
				A	- Carre
Enter new mailing address, if applicable:	4435 TOUCHTON RD E		∞ 1	/~fe.	
Mailing address MAY BE A POST OFFICE	BOX)	APT 707	7.1	P	
	JACKSONVILLE, FL 32246		- <u>-</u> -	الويون	
			rri	0	
 If amending the registered agent and/or agent and/or the new registered office addresses 		address on our records, <u>entc</u>	er the name of	the new	<u>regist</u>
	DESTRUCTES V.C.	OLIFFICME LLC			
Name of New Registered Agent:	PRIME TAX SOLUTIONS LLC				
New Registered Office Address:	50 N LAURA S				
		Enter Florida street addr	ess		
	JACKSONVII.	,	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>	Address	Type of Action
P	LISKEY LARAUJO ANEZ	4435 TOUCHTON RD E	
		APT 707	
			□Remove
		JACKSONVILLE, FL 32246	
VP	OSWALDO E GUTIERREZ ARAUJO	443-7001/04/04/04	EChange
V 1	SOME DESCRIPTION OF THE STATE O	4435 TOUCHTON RD E	
		Al'l' 707	□Add
			□Remove
		JACKSONVILLE, FL 32246	
			□Add
			. 53
			Remove
			Remove
			Add [1]
			 Fri ⊟Remove
			□Change
			🗆 🗆 Add
			□Remove
			Citemove
			□Change
			□Add
			□Remove
			Change

	- GHZ	Signatura c	t'a munber or au	thorized represent	utive of a mambae	· 	-8 PH	
FEI ated	BRUARY, 17		2023	·		<u> </u>)23 MAY	11
ecord sp is filed.	oecifies a delayed eff	ective date, but	not an effective	time, at 12:01 a	.m. on the earlier			ifter the
<u>ote:</u> It t	ve date is listed, the dat he date inserted in the 's effective date on t	nis block does n	ot meet the app	icable statutory	or more than 90 day filing requiremen	s after filing.) P ts, this date wi	ursuant to II not be	605.0207 listed as
fective	date, if other than	the date of fi	iling:		1 22	(optional)		
					-			_
								
					 ,			
		-						
	.			<u>. </u>	*	·		_
		-						
								_
		<u>.</u>		***				
							-	
								<u> </u>
							-	

Typed or printed name of signee