119000074360

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Consideration to 5% or Office	1
Special Instructions to Filing Officer:	

Office Use Only

A. RIVERS

DEC - 6



200370970842

08/13/21--01009--001 **25.00

2021 NOV 29 AM 9: 28



2021 1127 29 PY 12: 34

Letter Number: 321A00020529

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

ARDANY GALICIA 14880 SE 47TH CT. SUMMERFIELD, FL 34491

SUBJECT: A.Z DELUXE PAINTING LLC

Ref. Number: L19000074360

We have received your document for A.Z DELUXE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

Division of the polygon will be an all acceptances and the polygon will be a second with the polygon will be

COVER LETTER

Registration Section
Division of Corporations ?

TO:

AZ DELUX	CE PAINTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARDANY GALICIA		
		Name of Person	
		Firm/Company	
	14880 SE 47TH CT		
		Address	
	SUMMERFIELD, FL 344	91	
		City/State and Zip Code	
	ardany22@icloud.com	to be used for future annual report not	id and my
Car further information of	oncerning this matter, please c		meanon)
	oncerning this matter, prease e		
ARDANY GALICIA		352 282-9319 at ()	
Name o	l'Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	F1, 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.Z DELUXE PAINTING LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000074360}{L19000074360}$.	were filed on 03/18/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DANNY'S DELUXE PAINTING LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14880 SE 47TH CT
(Principal office address MUST BE A STREET ADDRESS)	SUMMERFIELD, FL 34491
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	2021 NOV
	- 10V
New Registered Office Address:	Enter Florida street address
	Cay El Op Cob
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Remove	
		□ Change	
			□Add
		<i>t</i>	□Remove
			☐ Change
	·# ** * · · ·		🗆 Add
			□Remove
			□Change

Note: If	date, if other than the date of filing:
ie record s ord is tiled	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11-06-21
	11-06-21 Any Signature of a member or authorized representative of a member

Filing Fee: \$25.00