

K19CCCO152235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

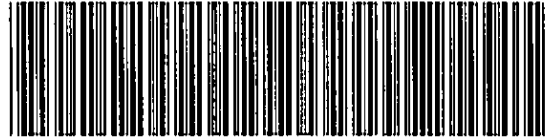
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Q. SILAS

4/11/22

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FILED

2022 APR -1 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 APR -1 AM 8:00

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

March 18, 2022

RICHARD C GOODMAN
5065 VIVIENDA WAY
SARASOTA, FL 34235

SUBJECT: PICASSO & SCAMPER, LLC
Ref. Number: L19000152235

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00006508

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Picasso & Stamp, 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:

Richard C Goodman
Name of Person

Firm/Company

5065 Viviana Way
Address

San Jose, FL 34235
City/State and Zip Code

medicarebenefits99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard C Goodman at (314) 445-4790
Name of Person 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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 APR -1 AM 10: 25

Picasso & Stamp, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 6/10/2019 and assigned
Florida document number L19000152235.

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**)

5065 VIVIENNA WAY
SARASOTA, FL 34235

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5065 VIVIENNA WAY
SARASOTA, FL 34235

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:

Richard C Goodman

New Registered Office Address:

5065 VIVIENNA WAY

Enter Florida street address

Sarasota

City

Florida

34235

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>
<u>MGR</u>	<u>Richard C Goodman</u>	<u>5065 VIVIENNA WAY</u>	<input type="checkbox"/> Add
		<u>SAKASOTA, FL 34235</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Mary A Goodman</u>	<u>5070 VIVIENNA WAY</u>	<input type="checkbox"/> Add
		<u>SAKASOTA, FL 34235</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Removing Mary A Goodman As a member effective
12/31/2021

ETN 84-2134515

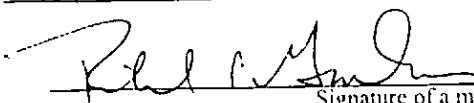
E. Effective date, if other than the date of filing: 12/31/2021 (optional)

(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)

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 3/28/2022 March 28, 2022



Signature of a member or authorized representative of a member

Richard C Goodman

Typed or printed name of signee