L19000197747

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations • • • • • • • •
NAME OF CORPORATION: CHUS MONG CONSULTING & frame DOCUMENT NUMBER: 1900/9774
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Firm/ Company Address Address City/ State and Zip Code E-muil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (503) 993 - AVS Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Status Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



July 19, 2024

LUCAS PFLEEGOR CITRUS WAVE 1014 W. MOHAWK AVE TAMPA, FL 33603

SUBJECT: CITRUS WAVE CONSULTING & REMODELING LLC

Ref. Number: L19000197747

We have received your document for CITRUS WAVE CONSULTING & REMODELING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

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.

Annette Ramsey OPS

Letter Number: 224A00015874



ÇOVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	Mitted Liability Company	L guildance
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Locas Charlosas		Il son Commed
	101211	Firm/Company Wolsouth Address	. Je .
-	E-mod address: (City/State and Zip Code Code See Seed for future annual report and	inoil con
For further information co	oncerning this matter, please ca	all:	
Name of	of Margae	at (S) COO Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cot The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Messes (act)	us & an	20 2 2024 AUG 1
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears (Liability Company)	on our records.) Signa of E
The Articles of Organization for this Limited Liability Compan	y were filed on	101/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab	SUM &	ures IIC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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:	address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	ı street address
·	City	Florida 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
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 695.05. [In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. [In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. [In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date, but not an effective time, at 12:01 a.m. on the earther of: (b) The 90th day after the distinct of the date of the da		
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Signature of a member or authorized representative transmitter	ated _	August 03 2004
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