

L20 000254473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

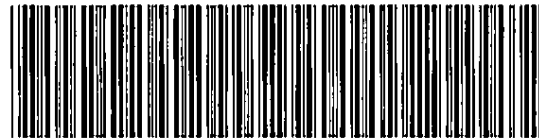
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE

LA.
11/20/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Perazzoli Painting, 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:

Michael Perazzoli
Name of Person

Michael Perazzoli
Firm/Company

2325 Riverbluff Pkwy V247
Address

Sarasota, FL 34231
City/State and Zip Code

perazz1013@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Perazzoli at (941) 281-8476
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**

Michael Perazzoli 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 August 18, 2020 and assigned Florida document number L20000254473.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Authorized
member
AMBR

<u>Address</u>	<u>Type of Act</u>
2325 Riverbluff Pkwy . V-247 Sarasota, Fl. 34231	<input type="checkbox"/> Add
	<input type="checkbox"/> Remove
	<input checked="" type="checkbox"/> Change

Michael Perazzoli
owner

2325 Everbluff Pkwy V-247 Sarasota, Fl. 34231	<input checked="" type="checkbox"/> Add
	<input 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"/> Add
	<input type="checkbox"/> Remove
	<input type="checkbox"/> Change

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

Michael contacted our bank to open business acct.
They said we had to both be listed as authorized
members to open the acct. Thus this change.
If you have any questions please contact Kate Perazzoli.

E. Effective date, if other than the date of filing: _____ (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 October 14 , 2020 .



Signature of a member or authorized representative of a member

Michael Perazzoli

Typed or printed name of signee

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Organization of MICHAEL PERAZZOLI PAINTING, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on August 18, 2020 effective August 19, 2020, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000254473.

Authentication Code: 200827131327-400350621874#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Seventh day of August, 2020



A handwritten signature in black ink, reading "Laurel M. Lee".

Laurel M. Lee
Secretary of State

State of Florida

Department of State

I certify from the records of this office that MICHAEL PERAZZOLI PAINTING, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on August 18, 2020, effective August 19, 2020.

The document number of this company is L20000254473.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 200827131327-400350621874#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Seventh day of August, 2020



A handwritten signature in black ink, appearing to read "Laurel M. Lee".

Laurel M. Lee
Secretary of State