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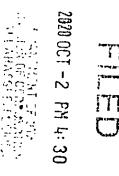
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COVER LETTER

TO:

Registration Section Division of Corporations

Premier Pa SUBJECT:	ivers & 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 corresp	ondence concerning this matter	to the following:	
	romero nunes marcelino jr		
		Name of Person	
	premier pavers & painting	llc	
		Firm/Company	
	1716 NE 17th ter		
		Address	
	Cape Coral Fl 33909		
		City/State and Zip Code	
	premierpaverspainting@gm	•	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	ali:	
Romero Nunes Marcelia	no JR	239-296-02	295
Name of Person		at () Area Code Daytir	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ S30.00 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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premier Pavers & painting He		100 T
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000279106		and assigned
This amendment is submitted to amend the following:		30
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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>	Type of Action
MGR	Romero Nunes Marcelino JR	1716 NE 17th Ter Cape Coral FI 33909	≜Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ctive date, if effective date is !	other than the da isted, the date must b	ate of filing: w specific and cann	ot be prior to date	of filing or more that	(option in 90 days after fi	r al) ling.) Pursuant to 605.0
<u>e:</u> If the date in	nserted in this block	k does not nieet t	he applicable st	atutory filing requ	tirements, this c	late will not be listed
ament s effecti	ve date on the Depa	arthem of state :	s records.			
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filed.	delayed effective e	inc, our not un er	neenve time, at	12.91 a.m. on me	carner or. (1)	The John day after t
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