120 000 381043

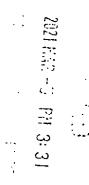
(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Docu	ment Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Division of Cor	porations		
Ancient Cit	y House Painting & Restorat	ion Company LLC	
((O))(I)(I)	Name of Li	mited Liability Company	
The analogue Amistro of	A 1 10		
The enclosed Afficies of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
	Gage T Nester		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Ancient City House Paint	ing & Restoration Company LLC	
		Firm/Company	
	5495 Saint Ambrose Chur	rch Rd	
		Address	
	Elkton, Florida 32033		
	gagenester48@gmail.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	(fication)
For further information co	oncerning this matter, please c	all:	
Gage T Nester		904 8108160 at()	
Name of	Person		e 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)	S60.00 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

TO:

Registration Section

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

any as it now appears on our records. Liability Company)) :
y were filed on December 07, 2020	and assigned
bility company here:	
oility Company," the designation "LLC"	or the abbreviation "L.L.C."
	<u></u>
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address on our records, enter th	he name of the new regis
<u> </u>	
Enter Florida street address	
	rida Zin Code
	bility company here:

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
			□Add
			□Remove
			□Change
			□Remove
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			□Remove
			□Change
			□ ∧dd
			□Remove
			□Change

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2021

GAGE T NESTER 5495 ST. AMBROSE CHURCH RD. ELKTON, FL 32033

SUBJECT: ANCIENT CITY HOUSE PAINTING & RESTORATION COMPANY

LLC

Ref. Number: L20000381073

We have received your document for ANCIENT CITY HOUSE PAINTING & RESTORATION COMPANY LLC and your check(s) totaling \$30.00. 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.

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 921A00008481:

www.sunbiz.org