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(Requestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2021

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NESTOR G. HERNANDEZ 3850 CENTRAL AVENUE APT 201 FORT MYERS, FL 33901

SUBJECT: LIMONITE QUALITY PAINTING LLC Ref. Number: L21000113083

We have received your document for LIMONITE QUALITY PAINTING LLC and your check(s) totaling \$25.00. 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.

Summer Chatham <sup>-</sup> OPS

Letter Number: 721A00012826  $\geq$ 

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# **COVER LETTER**

	gistration Sec ision of Cor						
SUBJECT:	LIMONITE	QUALITY PAINTING LLC	¢	2.			
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
		NESTOR G HERNANDE	Z				
			Name of Person				
		LIMONITE QUALITY PA	AINTING LLC				
			Firm/Company				
		3850 CENTRAL AVE AI	PT 201				
			Address				
		FORT MYERS FLORIDA	. 33901				
			City/State and Zip C	'ode			
		LAALEGRIA1996@GMA					
			to be used for future ar	mual report notific	ration)		C
For further i	information c	oncerning this matter, please c	all:			<u>.</u>	C)
NESTOR C	5 HERNAND	EZ	239 at (	2717589			
	Name o	f Person	Area Code	Daytime	Telephone Number	` 	-
							?
Enclosed is	a check for th	te following amount:					7
<b>E</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy)	р <u>у</u>	\$60,00 Filin Certificate of Certified Co tadditional cop	of Status &	
	ailing Addres			et Address: gistration Sect	tion		
	-	orporations	Div	vision of Corp	orations		

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - OF

LIMONITE QU	ALITY PZ	AINTING	LLC
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#### (Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on <u>03-09-2021</u>	and assigned
Florida document number 1.21000113083		

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 "LLC."

#### 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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

		$>$ $\cdot$ 7
Name of New Registered Agent:		= 7
New Registered Office Address:		26
New Neglstered Office Address.	Enter Florida stree	t 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.

(b)

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<sup>'</sup>=<sup>'</sup>Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
MGR	NESTOR G HERNANDEZ	3850 CENTRAL AVE APT 201	🗆 Add
		FORT MYERS FL 33901	
			Change
			🗍 Add
		·····	🖾 Remove
			□Change
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			🗆 Add
			Change
			🗋 Add
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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

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 July /23/2021

document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member

NESTOR GUILLEEME HERNANDEZ Typed or printed name of signee