

L21000138672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

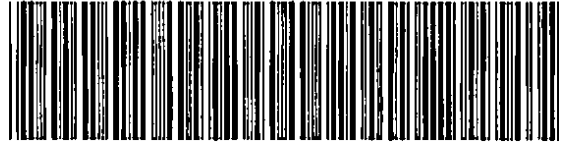
(Business Entity Name)

(Document Number)

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**FILED**  
2021 NOV 23 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

NOV 23 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV 23 AM 11:04

November 8, 2021

NICKLAS WEISSMAN  
2460 W ANGLER LANE  
CITRUS SPRINGS, FL 34434

SUBJECT: MAKE IT HAPPEN PAINTING LLC  
Ref. Number: L21000138672

We have received your document for MAKE IT HAPPEN PAINTING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE COMPLETE ENCLOSED FORM TO ADD MEMBER/MANGER TO ENTITY.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 721A00027165

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Make it Happen painting  
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:

Nicklas Weissman  
Name of Person

Make it Happen painting LLC  
Firm/Company

2460 W. Angler lane  
Address

Citrus Springs, FL 34434  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicklas Weissman at ( 352 ) 484-6250  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2021 NOV 23 PM 3: 16

Make it Happen Painting SECRETARY OF STATE  
(Name of the Limited Liability Company as it now appears on our records) SSEE, FL  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/24/2021 and assigned  
Florida document number L21000138672.

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)

2460 W Angler Lane  
Citrus Springs, FL  
34434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2460 W Angler Lane  
Citrus Springs, FL  
34434

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:

Nicklas Weissman

New Registered Office Address:

2460 W Angler Lane  
Enter Florida street address

Citrus Springs Florida 34434  
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**

Owner Nicklas Weissman 2460 W Angler lane  
Chiles Springs, FL 34434 ☒ Add

☐ Change☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

[illegible]

(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)

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.

North Western

Nicklas Welssman

Typed or printed name of signee

**Filing Fee: \$25.00**