

121000238610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

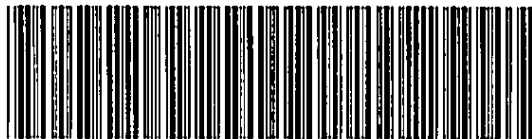
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2021 DEC 27 PM 6:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
DEC 27 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2021

ANTHONY SANTARSIERO  
220 PINE AVE N SUITE A  
OLDSMAR, FL 34677

SUBJECT: FKRVPG, LLC  
Ref. Number: L21000238610

We have received your document for FKRVPG, LLC and your check(s) totaling \$35.00. 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 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 321A00029913

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FEB 11 2022  
TALLAHASSEE, FL

2021 DEC 27 PM 6:35

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FKRVPG, 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:

ANTHONY SANTARSIERO  
Name of Person

% DIMARCO + ASSOCIATES, CPAS  
Firm/Company

220 PINE AVE N, SUITE A  
Address

OLDSMAR, FL 34677  
City/State and Zip Code

CRISTI@11253LLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY SANTARSIERO at (727) 418 8202  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

2021 DEC 27 PM 6:25  
TALLAHASSEE, FL  
FBI

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FKRVPG, 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 MAY 21, 2021 and assigned Florida document number L 21000238610

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

220 PINE AVE N

SUITE A

OLDSMAR, FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Same

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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>BILLY SANTARSIERO</u>	<u>1265 WINDY BAY SHORE</u>	<input type="checkbox"/> Add
		<u>TARPON SPRINGS, FL 34689</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ANTHONY SANTARSIERO</u>	<u>220 PINE AVE N SUITE</u>	<input type="checkbox"/> Add
		<u>OLDSMAR, FL 34677</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
TALLAHASSEE, FL  
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SEMI-ANNUAL  
TALLAHASSEE, FL

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SOUTH PLANT  
TALLAHASSEE FL

(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.

Dated

DECEMBER 21 2021

Signature of a member or authorized representative of a member

ANTHONY SANTARSIELO

Typed or printed name of signee