# 121000341243

(Requestor's Name)		
(Address)		
(Address)		
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	9/30/21	

Office Use Only



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09/20/21--01024--019 ++25.00

21 SEP 20 PH 12: 40

Manoel Messias L Da Silva Jr 5566 belrose st Lehigh Acres, FL 33971 239 785 8873

Florida department of Corperatiions 2415 N Monroe St Suite 810 Tallahassee, FL 32303

In the packet contains the LLC amendment form to alter the name of the current registered agent.

### The packet includes:

- LLC Amendment form
- Money order for 25 dollars

Sincerely,

Manoel Messias L Da Silva Jr

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations			
	•		
SUBJECT: Impre	v Pavers LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•	<b>U</b>	Ç	
	Manoel M Do	i Silva JR	
		Name of Person	
	Imprav paver	3 WC	
		Firm/Company	
	1516 201016	77	
	5566 Belro£	S1	<u> </u>
		Address	
	lobich Armes	E/ 22941	
	any north	City/State and Zin Code	
	100001 10400.5	FL 33971 City/State and Zip Code Si NC Sh @ G-mo J. Co to be used for future annual report no	2007
	Famail address: (1	to be used for future annual report no	titication)
	is man address, (	to be used for fatale annual report no	
For further information co	neerning this matter, please ca	all:	
	•		
Monoel Da	Silver JR	at ( <u>23.9</u> ) <u>78.5</u> Area Code Daytir	8873
Name of	Person	Area Code Da <u>v</u> tir	ne Telephone Number
Enclosed is a check for the	r fallowing amount		
_	t following amount.		
\$25.00 Filing Fee	□ \$30,00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee. Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(additional copy is enclosed)
Mailing Address	•	Street Address:	
Registration S		Registration So	ection
Division of Co		Division of Co	
P.O. Box 6327	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 20 PH 12: 40

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000341243</u> .	any were filed on <u>07/28/2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

THANKIN MOVES 110

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.

City

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 = 1 AMBR = 1	Manager Authorized Member	Address 21 SEP 20 PH 12: 40	
<u>Title</u>	<u>Name</u>	Address 21 SEP 20 Princ	Type of Action
MGA		5566 Belrose ST	□Add
		Lehigh Acres FL 33471	<b>≱</b> Remove
			□ Change
<u>M<b>6</b>R</u>	Manuel Messics L pa sim JA	5566 BOLLOSE ST	<b>Ж</b> Add
		Letigh Acres FL 33941	□ Remove
			□Change
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amending any other information, enter change(s) here: (Attack	ALTERNATION THE STATE OF
	21 SEP 20 PH 12: 41
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of fi ote: If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant to 605.0207 (3 tory filing requirements, this date will not be listed as the
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	Of a.m. on the eartier of: (b) The 90th day after the
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ted <u>seprember</u> 15 , 2021.	
Wash of Lyd	
Signature of a member or authorized repre	esentative of a member
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Filing Fee: \$25.00