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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
	Paints By 7	The Sea		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Holly N Vargas		
			Name of Person	
			Firm/Company	
		4354 Maxwell Drive		
		Melbourne, FL 329	Address 35	
		hollyb18@gamil.com	City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ort notification)
		oncerning this matter, please ca		
Holly	N. Vargas		727 333- (
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

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

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our rec limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	نسته
		ਰ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5.
		. 5.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street odd	dress

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>	Type of Action
MGR	Holly N. Vargas	4354 Maxwell Drive	—
		Melbourne, FL 32935	□Add
		Microouthe, Pt. 52955	■Remove
AMDD	Haller M. Manner	4354 Maxwell Drive	□Change
AMBR	Holly N. Vargas	4554 Maxwell Drive	■Add
		Melbourne, FL 32935	=
			Remove
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ective date, if other tha	n the date of filing	2:		(op	tional)	
ective date, if other that effective date is listed, the date: If the date inserted in	ate must be specific and this block does not n	cannot be prior to	date of filing or mole statutory filin	ore than 90 days af	der filing.) Pursuan his date will not	t to 605.020 be listed a
ument's effective date on	the Department of S	tate's records.	·	•		

Filing Fee: \$25.00