121000364887

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	
	3 1 4 4
	10/6/21
	TM
	() ()

Office Use Only



700374014227

09/30/21--01008--015 **25.00

21 SEP 30 PH 12: 56

COVER LETTER

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

SUBJECT: SJ	ICILIA'S	PAINTING L uited Liability Company	LC
	Name of Lin	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	TORES	A CTCT	/TA DED ED
	_ J P Male	Name of Person	LIA POLLE
		Firm/Company	
	4008 36	tl ST SW Address	
	Leligh	City/State and Zip Code	33 936
	0	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
		786, 878 -	0485
Name o	f Person	at (<u>786)</u> <u>&78 -</u> Area Code <u>Daytim</u>	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy
			(additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	PAINTING LICE 30 1914 (C. 50) ed Liability Company as it now appears on our records.)
SICILIA'S	PRINTING, LLC
(Name of the Limit)	A Florida Limited Liability Company)
The Articles of Organization for this Limited Li. Florida document numberL_21000_3_6	ability Company were filed on 8 13 2021 and assigned 4887. EIN 87-2193861
This amendment is submitted to amend the follo	owing:
The Articles of Organization for this Limited Liability Company were filed on 8/13/2021 and assigned Florida document number £21000364887. ETN 87-2193861 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 50006 A STCTLTA PEREZ	
	Enter new principal offices address, if applica
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable:	
	30X)
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registere</u> s <u>here</u> :
Name of New Registered Agent:	JORGE A SICILIA PEREZ
New Registered Office Address:	4008 36H ST SW Emer Florida street address
	Lehigh Acres Florida 33936 Zip Code
New Registered Agent's Signature, if changing Re	·
A STANCES OF THE STANCE OF THE	zgisteren 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

21 SEP 30 PH 12: 56 MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** JORGE A SICILIA PEREZ 4008 36th ST SW HAdd AMBR Lehigh Acnes FL 33936 Remove _____ Пкетюче _____ □Remove _____ □Remove

_____ □Remove

	21 SE* 30 PH 12: 56	
	21 00	
 		
-		
Effective date, if other	than the date of filing:(optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	
ivote: If the date inserte	d in this block does not meet the applicable statutory filing requirements, this date will not be listed as	(3)(1 the
locument's effective dat	te on the Department of State's records.	
1 25 1		
record specifies a delay d is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated	2 2 5th 2021	
U	10021.	
	Signature of a member of authorized representative of a member	
	AMBR	

.

Filing Fee: \$25.00