L21000475484

(Red	questor's Name)	<u> </u>
- (Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
Rec'd 7	- 1 <u>U- Z</u>	5

Office Use Only



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K1.15



June 27, 2025

TROY DILLON
114 HUNTER STREET
PORT CHARLOTTE, FL 33980

SUBJECT: TARPON PAINTING, L.L.C.

Ref. Number: L21000475484

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

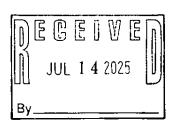
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Frederica S McCloud Document Specialist

Letter Number: 925A00014137



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Tarpon Pa	inting, L.L.C.		
		mited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Troy Dillon Chiappone	Name of Person	
		Name of Person	
	Tarpon Painting, L.L.C.	Firm/Company	
		· ma company	5 7.
	114 Hunter Street	Address	
		Addiess	
	Port Charlotte, Florida	City/Survey 17: C	
	info@tarponpainting.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Troy Chiappone		at (716) 2605347	
Name o	f Person	at (716) 2605347 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

s.) and assigned
and assigned
" or the abbreviation "L.L.C."
17.7
<u></u>
717
he name of the new registe
rida
ridaZip Code
ther agree to comply with t

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>	Name	<u>Address</u>	Type of Action
MGR	Rhett M. Chiappone	114 Hunter Street, Port Charlotte, FL 33980	□Add
			BRemove
			□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			_ Change
			_ □Add
			_ □Remove

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Effecti f an eff <u>Note:</u> docum	fective date, if other than the date of filing: [fective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at the control of the date on the Department of State's records.
record d is fil	d 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
)ated .	April 16th , 2025
	- Jux / /
	Signature of a member or authorized representative of a member