

L220003763780066
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : 120200000161
Phone : (954)531-1451
Fax Number : (954)697-0677

2022 NOV -3 AM 11:57

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lucas@gmail.com

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAOLINELLI HOME SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 03 2022

PAOLINELLI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAOLINELLI HOME SERVICES 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 02/17/2022 and assigned Florida document number 122000080066

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 word "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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>
AMBR/N	ROBERTTA M PAOLINELLI	67 NW 45TH AVE	<input type="checkbox"/> Add
		APT 107	<input type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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