

122000168177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

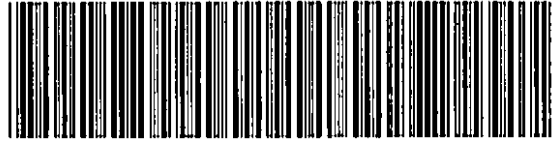
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

2022 JUL -5 AM 9:02

JUL - 7 2022

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUL -5 AM 11:28

STC  
TALLAHASSEE, FL

June 21, 2022

805 PADUA LLC  
TOMAS VAPSA  
3613 16TH STREET CT E  
BRADENTON, FL 34208

SUBJECT: 805 PADUA LLC  
Ref. Number: L22000168177

We have received your document for 805 PADUA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 422A00013997

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 805 PADUA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMAS VAPSA  
Name of Person

Firm/Company

3613 16TH STREET CT E  
Address

BRA DENTON FLORIDA 34208  
City/State and Zip Code

tomuc1978@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMAS VAPSA at (561) 512-2439  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

805 PADUA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 JUL -5 AM 9:02  
CLERK OF CIRCUIT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/07/2022 and assigned  
Florida document number L 22 000 168 177.

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 "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 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**

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	EDITA GARMUTE	8941 EQUUS CIR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIUS VAPSA	8941 EQUUS CIR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL 33472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 04/25/2022 APRIL 25 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA