Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC

Account Number : I20170000075 Phone : (407)381-6137 Fax Number : (407)381-2307

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 221 PRO OSEANY CUSTOM PAINTING LLC

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T. LEMIEUX JUN 15 2022

COVER LETTER

то:	Registration Section Division of Corp.	tion orations	(H 23000300	
		Y CUSTOM PAINTING LLC		
SUBJE	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
		dence concerning this matter to		
		OSEANY J GONZALEZ		
			Name of Person	
			Firm/Company	
		2366 valmora ct		
			Address	
		Deltona, FL 32738		
			City/State and Zip Code	
		LORRAINE@SPTAXFL.CO		·····
		E-mail address: (to	o be used for future annual report not	uncation)
For fu	orther information co	oncerning this matter, please ca	41:	
OSEA	any i gonzalez	;	407 381-6137 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for th	e following amount:		
≡ \$	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy' (additional copy is enclosed)	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

PRO OSEANY CUSTOM PAINTING LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L22000239668		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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

(H220002067313)

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	Address	Type of Action
MGR	EDGAR MORALES	145 Peacock Dr Altamonte Springs, FL 32701	□Add
			🖺 Remove
			Ghange
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			Change
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(42 2000 2067313)

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Note: If the date	other than the date of filing: listed, the date must be specific and cannot be prior to date of filing or more than inserted in this block does not meet the applicable statutory filing requirive date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed as
ne record specifies and is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
	, 2022	
Dated		
Dated June 14	Slay 9 Ga B Signature of member or authorized representative of a me	mber

Filing Fee: \$25.00