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## **COVER LETTER**

	egistration Section Division of Corpor			
SUBJECT	r: <u></u>	Stariz Ho	ome Improved Liability Company	ement LLC
		endment and fee(s) are submence concerning this matter to		
i tease ren	in an concaponal		·	
		Nadia Us	StaviZ Name of Person	
		Artemis	Management Firm/Company	Company
		3781 Sav	1 JOSE PI	Suite 30
		Jack son	Ville FL 32 City/State and Zip Code	257_
		NUStarize E-mail address: (to	artemis my or be used for future annual report nous	mtein pany, com
For furthe	er information conc	cerning this matter, please ca	11:	
Nac	dia UST Name of Po	Tarik	at (Area Code Daytim	204 - 444 - 5238 e Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	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)

TO:

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 \$10 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ustariz Home Improvement Alich GR12:48 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number L22 000240536 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: Nadia Ustaviz Name of New Registered Agent: 3781 San Jose Pl Suite 30

Enter Florida street address

ACKSDOVINE, Florida 32257 New Registered Office Address:

## 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>	Address	Type of Action
MGR	Juan A. Ustanz	3781 San Jose Pl Suite 3	O (VAdd
		Jackson ville Fl 32257	□Remove
			Change
MGR	Nadia Ustariz	3781 San Jose Pl Suite 3	<u>O</u> □Add
		Jacksonville FL 32257	Remove
			\  \  Change
	<del></del>		□Add
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11 41111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an e N <u>ote</u>	ctive date, if other than the date of filing:
	ord 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 filed.
Date	d 8115   2022
	Symature of a member or unhorized epresentative of a member
	Nadia Ustariz  Typed or printed name of signee

Filing Fee: \$25.00