122000257653

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,,,,,,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
Special mattactions to 1 ming smeet.
_

Office Use Only





800391510998

07/28/22--01008--003 ++25.00

2022 JUL 28 AM 10: 08

OCT 4 2022 S. PRATHER

COVER LETTER

TO: Registration Section

Division of Cor	porations		
	ASE		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
		Will removing.	
	RON HOWELL		
		Name of Person	
	RON HOWELL ACCOUNTANTS & TAX ADVISORS Firm/Company 4411 BEE RIDGE RD SUITE 244 Address SARASOTA FL 34233 City/State and Zip Code MYNEWTAXGUY1@GMAIL.COM E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Name of Person at (1) 985-0500 Area Code Daytine Telephone Number ck for the following amount: Fee \$\Begin{array} \text{S40,00} \text{Filing Fee} & \Begin{array} \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} \\ \text{radditional copy is enclosed} Address: ation Section Registration Section		
		Firm/Company	
	Amendment and fee(s) are submitted for filing. RON HOWELL. Name of Person RON HOWELL ACCOUNTANTS & TAX ADVISORS Firm/Company 4411 BEE RIDGE RD SUITE 244 Address SARASOTA FL 34233 City/State and Zip Code MYNEWTAXGUY1@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 31 985-6500 Area Code Daytime Telephone Number the following amount: \$\Begin{array} \text{S30.00 Filing Fee} & \Begin{array} \text{S60.00 Filing Fee} & \Certificate of Status & Certified Copy & Certificate of Status & Certified Copy \text{Copy and dulutonal copy is enclosed} & Certified Copy \text{Certified Copy} \text{Certified Copy}		
		Address	
	SARASOTA FL 34233		
		City/State and Zip Code	
			(Tombion)
Dan Canthag in Commission			ane actions
	oncerning this matter, prease c		
RON HOWELL		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S			ection
Division of C			
P.O. Box 632		The Centre of T	
Tallahassee, l	PL 52514	2410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC NASTASE		2022
(Name of the Limited	d Liability Company as it now appears on our recor A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 6/6/2022	Signed assigned as a signed assigned assigned assigned assigned as a signed assigned as a signed as a
Florida document number 1.22000257653	·	
This amendment is submitted to amend the follow	wing:	#10:08 #10:08 FLORIDA
A. If amending name, enter the new name of	the limited liability company here:	
NASTASE LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>ON)</u>	
B. If amending the registered agent and/or re		r the name of the new registered
agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
N. D. C. LONG ALL		
New Registered Office Address:	Enter Florida street addre	'NS
	r	louid.
	, r	lorida 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

		·			
					
			<u> </u>	<u> </u>	
					
					-
				_	
ective date, if other than the	date of filing:		(option	al)	
effective date is listed, the date mus e: If the date inserted in this blo	t be specific and cannot be pric	и to date of filing or mor	e than 90 days after fil	ling.) Pursuant	tio 605,020 by listed a
ument's effective date on the De	epartment of State's record	s.	requirements, ans a	iate will not	oe nsied a
cord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. or	the earlier of; (b)	The 90th da	y after the
stiled.					
Tired.				7,1	~ ~
H II N 25	2022			ŕ–	<u> </u>
H II N 25	2022	·		[-	1022 J
H II N 25	- 1/2022 - 1/28for	 se		SVE . 13	1022 JUL 3
JULY 25 ed	Signature of a member or and	: SC horized representative o	l'a member		2022 JUL 28