

L220000391662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

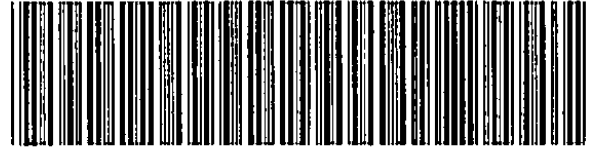
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TO: Registration Section
Division of Corporations

SUBJECT: ARTICLES OF AMENDMENT - FIRST IMPRESSION BY ALEX 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:

ALESSANDRO DA SILVA

Name of Person

QUALITY REMODELING BY ALEX

Firm/Company

11888 HICKORY ESTATE CIRCLE

Address

FORT MYERS, FL 33912

City/State and Zip Code

ALEX@QUALITYPAINTINGBYALEX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALESSANDRO DA SILVA

239

823-7912

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

TO
ARTICLES OF ORGANIZATION
OF

FIRST IMPRESSION BY ALEX 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 09/07/2022 and assign
Florida document number 1.22000391662.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QUALITY REMODELING BY ALEX LLC

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:

4300 FORD STREET SUITE 110 B

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33916

Enter new mailing address, if applicable:

4300 FORD STREET SUITE 110 B

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FL 33916

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:

DA SILVA, ALESSANDRO

New Registered Office Address:

11888 HICKORY ESTATE CIRCLE

Enter Florida street address

FORT MYERS


City

Florida 33912

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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