

L22000459439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

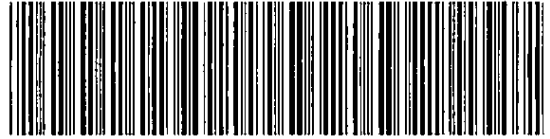
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 DEC 27 PM 12:25

FILED


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 DEC 27 AM 8:43

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00

AUTHORIZATION SIGNATURE: _____ 
Roberto Goncalves LLC L22000459439

BUSINESS

Document #

- Walk in Pick up time _____
- Mail out Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

APOSTIL () _____
Country

Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROBERTO GONCALVES 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:

RENATA SILVA

Name of Person

PRECISION BUSINESS DEVELOPMENT INC

Firm/Company

1661 E SAMPLE RD

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

CONTACT@PRECISIONBUSINESSDEVELOPMENT.NET

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

For further information concerning this matter, please call:

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ROBERTO GONCALVES LLC

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

2023 DEC 27 PM 12:25

The Articles of Organization for this Limited Liability Company were filed on 10/25/2022 and assigned Florida document number L22000459439.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

ELITE LUXURY PAINTING 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:

641 LAVERS CIR

(Principal office address MUST BE A STREET ADDRESS)

UNIT 104

DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

641 LAVERS CIR

(Mailing address MAY BE A POST OFFICE BOX)

UNIT 104

DELRAY BEACH, FL 33444

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

_____, 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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2023 DEC 27 PM 12:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated DECEMBER 22ND, 2023

Roberto Goncalves Pascoal

Signature of a member or authorized representative of a member

ROBERTO GONCALVES PASCOAL

Typed or printed name of signee