

L23000011767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Above All Wall 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:

Denia Jacqueline Lopez Posada  
Name of Person

Above All Wall LLC  
Firm/Company

5145 Palmetto RD  
Address

Kissimmee FL 34746  
City/State and Zip Code

Denialopez2200@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denia Jacqueline Lopez Posada at (689) 677-8306  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Above All Wall 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 01/05/2023 and assigned Florida document number L23000011767.

This amendment is submitted to amend the following:

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

Amaya finishing pros 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

Denia Jacqueline Lopez Posada

New Registered Office Address:

5145 palmetto Rd

Enter Florida street address

Kissimmee, Florida 34746

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.

Denia Lopez Posada  
If Changing Registered Agent, Signature of New Registered Agent

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NOV-4 AM 1:13  
CLERK OF STATE  
TALLAHASSEE  
FL

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>
MGR	Denia Jacqueline lopez - posada	5145 palmetto Rd Kissimmee FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Jose Luis Amaya torres	5145 palmetto Rd Kissimmee FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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SECRETARY OF STATE  
 TALLAHASSEE, FL  
 2008 NOV 14 AM 11:14  
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[illegible]

(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)

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 \_\_\_\_\_, 20\_\_\_\_.

Denia Theresopoulos  
Signature of a member or authorized representative of a member

Denia Jacqueline Lopez Rosado  
Typed or printed name of signer

2024 NOV -4 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

7  
1944-45  
1946-47  
1948-49  
1950-51  
1952-53

**Filing Fee: \$25.00**