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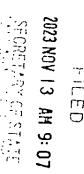
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## **COVER LETTER**

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: NAPLES HOME IMPROVEMENT AND MAINTENANCE 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:

	V	Vlodzimierz Pekala	
		Name of Person	
	NAPLES HOME II	MPROVEMENT AND M	IAINTENANCE LLC
		Firm/Company	
		14780 Pinnacle Place	cle Place
		Address	
		Naples 34119	
City/State and Zip Code			
		odeq@yahoo.com	
	E-mail address: (	to be used for future annual report notif	lication)
For further information c	concerning this matter, please c	all:	
Wlodzimierz	z ( Walter ) Pekala	at (973 <sub>)</sub> 703 9804	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Con	
P.O. Box 632	:7	The Centre of T	i e e e e e e e e e e e e e e e e e e e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naple's Flome Improvement and Maintenance

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 04/03/2023 and assigned	
Florida document number <u>L 23000164540</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Naples closet and Garage, uc	-
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
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 register	red
agent and/or the new registered office address here:	
Name of New Registered Agent	
New Registered Office Address	
Enter Florida street address	
Florida	
Cio Zip Code	
New Registered Agent's Signature-If changing Regular ed Agenta	
1. 1	

y accept the appointment or registered agent and agree to act in this capacity. I further agree to comply with the provisions of allistatutes 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 tregistered office address, thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del> </del>	□ Change
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			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:	(3)(b) the
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	
Signature of a member or authorized representative of a member	
Wlodzimierz Pekala Typed or printed name of signee	