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COVER LETTER

TO: Registration Se Division of Cor			
	ENTS PVC LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AGOSTINHO T. GONCA		
		Name of Person	
	INVESTMENTS PVC LL	С	
	· - · - · - · - · - · - · - · - · - · -	Firm/Company	
	1712 NW 11 TERRACE		
		Address	
	CAPE CORAL FL 33993	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: DSTINHO T. GONCALVES Name of Person ESTMENTS PVC LLC Firm/Company 2 NW 11 TERRACE Address PE CORAL FL 33993 City/State and Zip Code timentspvc 2023@gmail.com E-mail address: (to be used for future annual report notification) ing this matter, please call: 239 2337621 at (Area Code Daytine Telephone Number cing amount: 0.00 Filing Fee & El \$55.00 Filing Fee & L. \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
	· - ·	City/State and Zip Code	
	E-mai) address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
AGOSTINHO T. GONC			
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ic following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			
Registration S Division of C			
P.O. Box 632	-		•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

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(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited I Florida document number 1.2.3000194627		y were filed on 04/19/20)23	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liah	oility company here:				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or th	he abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	1712 NW 11 TERRA	CE			
Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL FL 33993				
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		1712 NW 11 TERRA CAPE CORAL FL 33		BIAY 12 PM 5		
3. If amending the registered agent and/or gent and/or the new registered office address.	ess here:	address on our record	ls, <u>enter the i</u>	name of the new registe		
Name of New Registered Agent:						
New Registered Office Address:	2824 SOUTHE	EAST 19TH PLACE Enter Florida str	reet address			
		imar i avaa Mi				
	CAPE CORAL		, Florida	33004		

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
AMBR	AGOSTINHOT, GONCALVES	1712 NW 11 TERRACE	
		CAPE CORAL FL 33993	□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MGR	JULIO QUEVEDO FERNANDEZ	4020 COUNTRY SOLAR BLVD	[]Add
		CAPE CORAL FL 33904	=Remove
			[]Add
			□Remove
			☐ Change
			□Add
			□ Remove
			[] Change
	· ·		[]Add
			[]Change
			[]Add
			[TlRemove
			[](hange

). If amending any other i	aformation, enter ch	ange(s) here	: (Attach addi	ional sneets, ij n	ecessary.)	
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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	date must be specific and in this block does not m	cannot be prior neet the applica	to date of filing or able statutory fil	more than 90 days a	otional) fter filing.) Pursuant this date will not b	to 605.0207 (3 ne listed as th
the record specifies a delayed cord is filed.	effective date, but not	an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th da	y after the
Dated MAY I	···································	2023	Ignles	tie		_
	Signature of a n	nember or author	orize (representati	ve of a member 6000A4	 155	
		Typed or printe	d name of signee			

Filing Fee: \$25.00