

L23000317269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

09/12/20--01010--021 *\$50.00

(Business Entity Name)

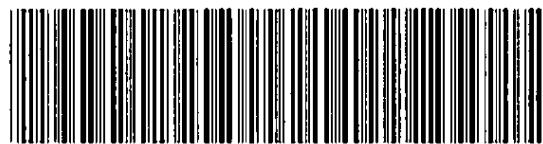
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Incorrect Form

Office Use Only



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2023 SEP 12 AM 11:37

MAILING SECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2023

CELESTE CARRASCO-GOMEZ
470 FLORIDA AVENUE
WINTER GARDEN, FL 34787

SUBJECT: AZA PAINTING CONSTRUCTION LLC
Ref. Number: L23000317269

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FLS

We have received your document for AZA PAINTING CONSTRUCTION LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

The document number of the name conflict is P14000057158.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 423A00023036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aza Painting Construction 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:

Celeste Carrasco-Gomez

Name of Person

Aza Painting Construction LLC

Firm/Company

470 Florida Avenue

Address

Winter Garden, FL, 34787

City/State and Zip Code

celestegomez14@yahoo.com

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

For further information concerning this matter, please call:

Celeste Carrasco-Gomez 407 202-7998
Name of Person at () 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

Aza Painting Construction 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 10/17/2023 and assigned Florida document number L23000317269.

This amendment is submitted to amend the following:

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

j.a.c construction fl 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)

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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 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>
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_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

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

Nothing else just changing LLC name!

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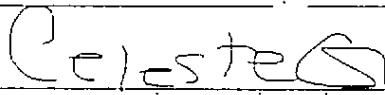
E. Effective date, if other than the date of filing: 10/09/2023 (optional)

(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 10/09/2023



Signature of a member or authorized representative of a member

Celeste Carrasco-Gomez

Typed or printed name of signee

Filing Fee: \$25.00