

L23000367051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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2023 AUG 28 AM 9:37

TALLAHASSEE, FLORIDA

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2023 AUG 24 PM 3:12

TALLAHASSEE, FLORIDA


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GJS PAINTING LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

112 • Florida's Printing • Tallahassee, FL 32301

___ Art of Inc. File _____
___ LTD Partnership File _____
___ Foreign Corp. File _____
___ L.C. File _____
___ Fictitious Name File _____
___ Trade/Service Mark _____
___ Merger File _____
___ ☒ Art. of Amend. File _____
___ RA Resignation _____
___ Dissolution / Withdrawal _____
___ Annual Report / Reinstatement _____
___ Cert. Copy _____
___ ☒ Photo Copy _____
___ Certificate of Good Standing _____
___ Certificate of Status _____
___ Certificate of Fictitious Name _____
___ Corp Record Search _____
___ Officer Search _____
___ Fictitious Search _____
___ Fictitious Owner Search _____
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TALLAHASSEE, FLORIDA

2023 AUG 28 PM 2:58

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GJS PAINTING 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:

EMANUELLE OLIVEIRA

Name of Person

OPTION ONE ACCOUNTING INC

Firm/Company

6810 N STATE RD 7 SUITE 219

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

EMANUELLE@OPTFIRM.COM

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

For further information concerning this matter, please call:

EMANUELLE OLIVEIRA

561

299.7414

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2023

CAPITAL CONNECTION

SUBJECT: GJS PAINTING LLC
Ref. Number: L23000367051

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

The current manager is Gustavo G Soares Sr. Is he being removed? The box change was selected. The name of AMBR is not the same.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00019880

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

GJS PAINTING LLC

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

FILED
2023 AUG 28 AM 9:38

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/04/2023 and assigned
Florida document number L23000367051.

This amendment is submitted to amend the following:

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

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)

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:

OPTION ONE ACOCUNTING INC

New Registered Office Address:

6810 N STATE RD 7 SUITE 219

Enter Florida street address

COCONUT CREEK

City

Florida 33073

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.

ISI Emanuelle Oliveira

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>
AMBR	GUSTAVO JUNIOR SOARES	6800 NW 39TH AVE LOT 338	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO G. SOARES SR	6800 NW 39TH AVE LOT 338	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" 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.)

EIN: 38-4279751

FILED
2023 AUG 28 AM 9:38
CLERK OF DISTRICT COURT
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 08/23/2023

/s/ GUSTAVO JUNIOR SOARES

Signature of a member or authorized representative of a member

Gustavo Junior Soares

Typed or printed name of signee