L23000368336

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/17/23--01020--003 **25.00



COVER LETTER ...

TO: Registration Section Division of Corporations	
\sim $1 \cdot 1 $	
SUBJECT: De Haveh painting Name of Limited Liability Company	UC.
Same 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:	
Trease return an correspondence concerning this matter to the following:	
Anthony Rosavic)
Availe of Person	
Old Ranch painting	
11157 SW Sophronia	S/
Port Saint Jucie Fre City/State and Zip Code Authony rosavio 3536 a Gm E-mail address: (to be used for future annual report not	
City/State and Zip Code	· /
E-mail address: (to be used for future annual report not	ails Com itication)
For further information concerning this matter, please call:	- :
Authoria Rocario 722 501	5479
Name of Person Area Code Daytin	ie Telephone Number
,	· <u>.</u>
Enclosed is a check for the following amount:	وما
V \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cong	pains as it now appears on our records.	
The Articles of Organization for this Limited Liability Compar Florida document number <u>22300368336</u> .	•	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited I ia	bility Company." the designation "LLC" or the abbr	eviation T.J. C.
	2	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(3) (4)
Maning address MAT BE A 1 031 OF FICE HON		
		 -
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	of the new registered
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 affice 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Name Authory Rosario	111575W Sophrouic St pSCFL 349	
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m ellective date is listed, the ote: If the date inserted i	han the date of filing: e date must be specific and cannot be in this block does not meet the on the Department of State's re	applicable statutory t	(optio or more than 90 days after iling requirements, this	Clina VB.	ursuant to 605.020 Il not be listed a
	l effective date, but not an effec		n. on the earlier of: (b)	The 9	0th day after th
is filed.					
is med.	-2023				

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Filing Fee: \$25.00