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01/29/24--01012--002 *+25.00



LLC Articles of Amendment Filing

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

January 22, 2024

Please find enclosed duplicates of the Articles of Amendment for JO-VIN FLA. LLC, a domestic Limited Liability Company.

Please file the enclosed Articles of Amendment and return a file-stamped copy or Proof of Filing to the below address in the enclosed SASE.

Payment for the required fees is enclosed (\$25.00 to the Department of State).

If you have any questions or concerns, please do not hesitate to contact us.

Thank you for your cooperation and assistance.

Sincerely,

The Client Services Team MyCompanyWorks, Inc. 187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JO-VIN FLA. 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 $\frac{01/05/2024}{1}$ and assigned Florida document number ______L24000016086 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WINDOW COVERINGS BY PAPPY LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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> Type of Action _D Add _□ Remove ☐ Change □ Add □ Pamaua

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If amend	ding any other informati	on, enter change(s) her	e: (Attach additio	nal sheets, if necessa	ry.)
					
					
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Note: If	e date, if other than the dive date is listed, the date must lead the date inserted in this blockt's effective date on the Dep	ck does not meet the applic	cable statutory filing	(optional ore than 90 days after filing requirements, this date) 3.) Pursuant to 605.0207 2 will not be listed as
	rd specifies a delayed Oth day after the reco		ot an effective ti	me, at 12:01 a.m.	on the earlier o
Dated	muary 22	. 2024	·		
	/s/ Vincent Pappalardo				····
	S	ignature of a member or auth	orized representative of	of a member	
	Vincent Pappalardo, Men	1			

Page 3 of 3

Filing Fee: \$25.00