L24000096420

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Régistration Se Division of Cor		• · · · · · ·	.	4
SUBJE	Walaschek			* .	* • • • • • • • • • • • • • • • • • • •
C, C B C		Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Jesse Walaschek			
			Name of Person		
		Walaschek Asphalt Mainta	ance LLC		
			Maintenance LLC Name of Limited Liability Company ment and fee(s) are submitted for filling. concerning this matter to the following: E-Walaschek Name of Person aschek Asphalt Maintance LLC Firm/Company Clearwater Hbr Address ord. NC 27332 City/State and Zip Code Itcoatingsfl@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (1/2) 777-4332 Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,		
		chek Asphalt Maintenance LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Jesse Walaschek Name of Person Walaschek Asphalt Maintance LLC Firm/Company 425 Clearwater Hbr Address Sanford, NC 27332 City/State and Zip Code asphaltcoatingsfl@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: and of Person at (1919) 777-4332 Area Code Daytime Telephone Number for the following amount: ee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
			Address		
		Sanford, NC 27332			
		asphaltcoatingsfl@gmail.co			
		E-mail address: (to be used for future annual re	port notification)	
For furth	ner information co	oncerning this matter, please ca	ill:		
jesse Wa	alaschek				
	Name o	Person		Daytime Telepho	one Number
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	_	Certified Copy		Certificate of Status & Certified Copy

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

Walaschek Asphalt Maintenance l			
(Name of the Lim	Ited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited I		were filed on 02/23/2024	and assigned
forida document number L24000096420	······································		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			57
			1
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			-
			. . .
			
3. If amending the registered agent and/or gent and/or the new registered office addr		address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:	N/A		
		Enter Florida street addres	Ģ S
		. F1	orida
		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 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
MGR Jesse Walaschek	Jesse Walaschek	425 Clearwater Hbr	□Add
		Sanford, NC 27332	■Remove
			Change
	returner.		□Add
			□Remove
			□Remove
			☐ Change
			Remove
			□Change
			_ _ Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

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Note:	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e recor	rd 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 led.
[Y., a 1	4/11/2024
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00