



Office Use Only



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2024 APR 22 PM 2: 35 SECRETARY OF STATE TALL AHASSES TATE

## **COVER LETTER**

TO:

Tallahassee, FL 32314

PICASSO A	AND MONA LISA CONSTRU	CTION LLC	
	Name of Lim	ited Liability Company	
l Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	indence concerning this matter	to the following:	
	ENRIQUE ROLDAN		
		Name of Person	
	PICASSO AND MONA L	ISA CONSTRUCTION LLC	
		Firm/Company	<del></del>
	2141 22ND AVE NE		
		Address	
	NAPLES, FL 34120		
		City/State and Zip Code	
	_		
C		·	incation)
	oncerning this matter, please of	dell:	
ROLDAN		239 428-7083 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
check for th	ne following amount:		
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>Street Address:</u> Registration Se	ection
vision of C	Corporations	Division of Co.	rporations
			Tallahassee oe Street, Suite 810
	I Articles of all correspond to the check for the filing Fee gistration of Co. Box 632	Name of Lim  I Articles of Amendment and fee(s) are subset all correspondence concerning this matter  ENRIQUE ROLDAN  PICASSO AND MONA L  2141 22ND AVE NE  NAPLES, FL 34120  RICKYROLDAN13@GM/E-mail address: (and the second concerning this matter, please concerning this matter, please concerning the second c	PICASSO AND MONA LISA CONSTRUCTION LLC  Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  ENRIQUE ROLDAN  PICASSO AND MONA LISA CONSTRUCTION LLC  Firm/Company  2141 22ND AVE NE  Address  NAPLES, FL 34120  City/State and Zip Code  RICKYROLDAN13@GMAIL.COM  E-mail address: (to be used for future annual report not afformation concerning this matter, please call:  ROLDAN  Name of Person  Area Code  Daytin  check for the following amount:  Filing Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: gistration Section  vision of Corporations  Division of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICASSO AND MONA LISA CO						
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document number L24000101889		were filed on 02/2	7/2024	ä	and assi	gned
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>·e</u> :			
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	signation "LLC" or th	e abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREE	ET ADDRESS)		. <u></u>	-TE	2024	
					75	77
Enter new mailing address, if applicable:		N/A		MASS AHASS	R 22 P	<u>—</u> —
(Mailing address MAY BE A POST OFFICE	BOX)		<del></del> -	ms mr	 _ <b>∡</b>	<u> </u>
				골	ယ	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter the n</u>	ame of t	he new	registered
Name of New Registered Agent:	N/A	·				
New Registered Office Address:		Enter Floria	da street address			
		22.333. 1 10.1				
		City	, Florida		n 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

Title	<u>Name</u>	Address	Type of Action
AMBR	HECTOR RENE ROLDAN	2141 22ND AVE NE NAPLES, FL 34120	<b>=</b> Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
<del></del>			□Add
			Remove
			[]Change

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——————————————————————————————————————	03/18/2024 Dated	2024				
Signature of a member or authorized representative of a member			<del></del> ·			
Signature of a member or authorized representative of a member		<u> </u>				<del></del>
		ignature of a member	or authorized repr	esentative of a me	mber	

Filing Fee: \$25.00