## 000471551

(Requestor's Name)	
(Address)	90043977
(Address)	00040077
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/19/2401028
(Business Entity Name)	
(Document Number)	;
Certified Copies Certificates of Status	: <u>-</u>
Special Instructions to Filing Officer:	1. : :
	1

Office Use Only



3559

-001 \*+25.00

## COVER LETTER

Registration Section

TO:

Division of Co	rporations					
	NDS RENOVATIONS LLC					
SUBJECT:	Name of Lin	ited Liability Company	<del></del>			
	Amendment and fee(s) are sub	-				
	Andrew Pierce					
	Name of Person			-		
	Cindy's Florida LLC					
	<del> </del>	Firm/Company		-		
	8051 N. Tamiami Trail S	STE E6				
		Address	_	-	~ `	
	Sarasota, Florida, 3424	3		•	20241131/19	
		City/State and Zip Code	<del></del>	-	즟	
	reports@cloudpeaklaw.c					٠.
		to be used for future annual report notifi	cation)		5	د ا او ودد وسد
For further information of	oncerning this matter, please c	all:			MH 10: 5.	****
Andrew Pierce		307 683-0983		• • •	Č.	
Name o	of Person		Telephone Number	r	_	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Fi Certifica Certified (additional	ite of S l Copy	Status &	
Mailing Address Registration : Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	orations			
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 8	10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOODHANDS RENOVATIONS LLC  (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	;ords.)
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number L24000471551	
This amendment is submitted to amend the following:	<b>2</b> 02
A. If amending name, enter the new name of the limited liability company here:	2024 ROV 1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	
Enter new principal offices address, if applicable:	<u> </u>
(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, <u>en</u> agent and/or the new registered office address here:	ter the name of the new regi
Name of New Registered Agent:	<del></del>
New Registered Office Address:  Enter Florida street address	dress
	Florida

## 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.

City

Zip Code

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
AR	Andrew Pierce	8051 N. Tamiami Trail STE E6	
			<b>≘</b> Remove
		Sarasota, Florida, 34243	
AMBR	ADVISEO HOLDINGS LLC	1309 Coffeen Avenue STE 1200	<b>≣</b> Add
			□Remove
		Sheridan, Wyoming 82801	□ Change
		· <u> </u>	□Add
		, <u>and a second and</u>	□Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Remove
			□Change

Typed or printed name of signee