Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sleet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001958193)))



H170001958193ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (303)599-0839

Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERRY'S PROFESSIONAL PAINTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 7 2017

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERRY'S PROFESSIONAL PAI	-				
(Hame of the Lim	ited Liability Compa (A Florida Limited	iny as it noiv appe Liability Company)	ars on our records.	5	-
The Articles of Organization for this Limited I Florida document number £17000152784	Liability Company	were filed on $\frac{I}{I}$	ULY 17, 2017	and	assigned
This amendment is submitted to amend the fol	lowing:	·			
A. If amending name, enter the new name of	n the limited liab	ility company h	iere:		
HENRRY'S PROFESSIONAL PAINTING LLC					
The new name must be distinguishable and contain the	words "Limited Llabil	liry Company," the	designation "LLC"	or the abbreviation	"L.L.C."
Entermose principal offices address, if applie	cable:	3927 SW 2 ST	·		
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FL 33	134	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent.	or registered of	· ·	our records,		=
New Registered Office Address:	3927 SW 2 ST		·	02	
	MIAMI	Enter Flor City	rida sirvet addr as s , Flori	da 33134 Zio Code	
New Registered Agent's Signature. If changing F	Registered Agent:	·			
I hereby accept the appointment as registere provisions of all statutes relative to the propincespt the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this	er and complete p stered agent as pr registered office o	performance of rovided for in C	my duties, and t Thanter 605, F.S	' a <mark>m familia</mark> r w ', Or, if this dod	ith and nument is

Industrie of New Regardered Agent. If changing

1

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

MGR HENRRY A ROSALES 3927 SW 2 ST, MIAMI, FL 33134 E Remove C Add Remove	Title	Name		Address	Type of Action
☐ Remove ☐ Change	MGR	HENRRY A ROSALES		3927 SW 2 ST, MIAMI, FL 33134	
□ Add □ Remove □ Change					
□ Remove □ Change □ Change □ Change □ Change □ Remove □ Change □ Remove □ Change □ Remove □ Change □ Change □ Change					□ Remove
Change		:			E Change
Change					bbA <u>□</u>
Change Change Change Remove Remove Remove Remove Remove					□ Remove
Change Add Remove Remove Change Change Change Change Change Change Change					
Change Rentove Rentove Change Add Add					D Add
Change Change Change Change Change Change Add Change					□ Remove
Add Remove Remove Change					
Remove Change Add					
Remove Change			,		Relative
Remove D Change			٠.		The Cange II.
□ Remove	···				SS T
□ Change		·	_		
D Add			_	ž.	D Change
	·		_		
LJ X¢moye					
Thou we			-		

	·	ALSO REGISTEREI			-	
WAS MISSPELLED						
			····			.
						
					:	
						7
					37.7	
•					<u> </u>	₽ >
					<u> </u>	<u> </u>
					E C	=
					<u>85</u>	<u>+</u>
				, ,,	<u>S</u>	<u>ت</u>
		·				
			·		<u> </u>	
ation to a second of the second		JLY 26, 2017				
tive date, if other than the	at be specific and cann	or be prior to date of filin	g or more than 90	(optional) days after filing	1 Purcuont	to 605.02
If the date insorted in this bloment's effective date on the D	ock does not meet t	he applicable statutors	filing requirem	ents, this date	wil! not i	e listed
	- -	,				
cord specifies a delayed	i effective date.	but not an effect	ive time, as f	2:01 a m	on the 4	earlier :
90th day after the rec	ord is filed.	,		Q. Q., rrt.	on are t	LUINE
ПЛ.У 26	20	12 -				
JULY 26						
		244.)				
	Signature of a member	er or authorized coresen	nanve of a micinbe			
	V	- Carrier I				

Page 3 of 3

Filing Fee: \$25.00