L18000234 970

_	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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07/15/19--01038--016 **35.00

Amend

SEP 10 2019 LALBINITION

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Ainhoa Painting LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Person J. Forseca Airhoa Painting CCC Firm/Company
1524 agnes aw Se Address Palm Bay FL 32909 City/State and Zip Code VOS Mel Do Quail. Com E-mail (adress: (td.b) used for future annual report notification)
or further information concerning this matter, please call:
VOS mel Perez Fons ecce at (794) 304-0206 Name of Person at (794) Baytime Telephone Number
inclosed is a check for the following amount:
3 \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 23, 2019

YOSMEL PEREZ FONSECA 1524 AGNES AVE SE PALM BAY, FL 32909

SUBJECT: AINHOA PAINTING LLC

Ref. Number: L18000234970

We have received your document for AINHOA PAINTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00014943

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	•	,	
Ain Noa Pain (Name of the Limited	Liabilit Company	aomity Company)	1	1
The Articles of Organization for this Limited Liab	bility Company v	vere filed on 10	. 4.2018 and a	ssigned
Florida document number <u>L 1800023</u>	34970			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	Articles of Organization for this Limited Liability Company were filed on 10.4.2018 and assigned ida document number 218000234970 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The principal offices address, if applicable: Incipal office address, if applicable: The principal office address of applicable: The principal office address of applicable: The principal office address of applicable:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the designa	tion "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicat	ole:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>			
			records, enter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	eet address	
		Civ	, Florida	<u> </u>
		2.00)	p c 000	

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, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Louides Sanchez Moya	973 hanks St nw	X Add
	moya	973 hanks St nw Palm Bay, 32907	□ Remove
			Change
*****			□ Add
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f an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	09/06/19
	A
	Signature of a member or authorized representative of a member
	105 mel Pelez t-onseco

Page 3 of 3

Filing Fee: \$25.00