118000247715

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

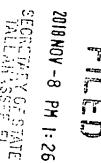
Office Use Only



600320495656

11/08/18--01921--009 ++69.00

5,2,8



COVER LETTER

Divi	ision of Corp	orations		
SÚBJECT:	Vibrant Para	adise Painting and Pressure	e Washing	
		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Celena Mason		
			Name of Person	
		Vibrant Paradise Painting a	nd Pressure Washing, LLC	
			Firm/Company	
		3460 Alec Drive		
			Address	
	•	Middleburg, FL 32068		
		VibrantParadisePainting@gn	City/State and Zip Code nail.com	
		E-mail address: (to	be used for future annual rep	ort notification)
For further in	iformation co	ncerning this matter, please ca	N:	
Celena Mas	son		904 707-4 at()	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOY -8 PM 1: 26

SECRETARY OF STATE TALL WHASSEE, FL

Vibrant Paradise Painting and Pressure Washing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 10/22/18	and assigned
Florida document number L18000247715		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company bere:	
The new name must be distinguishable and contain the words "Limited Lizbili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 of registered agent and/or the new registered office address here		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = M$	lanager Authorized Member		
Title	<u>Name</u> Reinaldo Lopez, Sr.	Address 11228 Trotting Horse Ln.	Type of Action
AMBR		Jacksonwille, FL 32225	
			C Remove
			Cl Change
AMBR	Reinaldo Lopez, Jr.	11228 Trotting Horse Ln, Jacksonville, FL32225	
			Remove
		<u> </u>	Change
			⊡' ∧dd
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			CJ Add
			D Remove
			5.0

Can't coom of	TWO NEW IV	knokers 10ttic	ers.
-			
			
			
tive date, if other than the	date of filing:		_ (optional)
If the date inserted in this blo	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 o	days after filing.) Pursuant to 605.
nent's effective date on the De	partment of State's records.		
cord specifies a delayed	effective date, but not	an effective time, at 1	.2:01 a.m. on the earlie
90th day after the rec		•	
November 1	2018		
()	·	<u>-</u> -	
, , , ,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00