## 

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |





12/07/20--01013--024 \*\*25.00





## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

|                            | ERAL SERVICES LLC                            |   |   |
|----------------------------|--|---|---|
| SUBJECT:                   | Name of Lin                                  | ited Liability Company  | <del> </del>  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo | ondence concerning this matter               | to the following:   |   |
|                            | EDNILSON MARQUES                             |   |   |
|                            |  | Name of Person  |   |
|                            |  |   | 202<br>Se   |
|                            |  | Firm/Company  | ACRE TO T   |
|                            | 7211 SPRING VILLAS C                         |   |   |
|                            |  | Address   | PH PH   |
|                            | ORLANDO FL 32819                             |   | PH 2: 05  |
|                            | JULIANAMGAVIAO@HG                            | City/State and Zip Code   | TE 55   |
|                            |  | to be used for future annual report notificati                      | on)   |
| For further information of | concerning this matter, please c             | all:  |   |
| JULIANA KARFITSAS          | 3  | 321 4365110<br>at ( )   |   |
| Name c                     | of Person                                    |   | ephone Number   |
| 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres             |  | Street Address:<br>Registration Section                             | n   |
| Division of C              | Corporations                                 | Division of Corpora   | ations  |
| P.O. Box 632               | 41   | The Centre of Talla   | hassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ENJ GENERAL SERVICES LLC   |  |   |                                      |
|--|--|---|--------------------------------------|
| (Name of the Lim   | ited Liability Con<br>(A Florida Limit | npany as it now appears on our<br>ed Liability Company) | records.)                            |
| The Articles of Organization for this Limited I                                      | Liability Compa                        | any were filed on $\frac{03/22/2019}{}$                 | and assigned                         |
| lorida document number L19000080376  | ·                                      |   |                                      |
| his amendment is submitted to amend the fol  | lowing:                                |   |                                      |
| . If amending name, enter the new name   | of the limited li                      | iability company here:                                  |                                      |
| NJ PAINTING GENERAL SERVICES LLC   |  |   |                                      |
| ne new name must be distinguishable and contain the                                  | words "Limited Li                      | ability Company," the designation                       | n "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appli   | cable:                                 | SAME  |                                      |
| Principal office address MUST BE A STRE  | <u>ET ADDRESS)</u>                     |   |                                      |
|  |  |   | - 20                                 |
|  |  |   |                                      |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |  | SAME  |                                      |
|  |  |   | SS O T                               |
|  |  |   | Els S                                |
|  |  |   | OS<br>FL                             |
| . If amending the registered agent and/or  |  | ce address on our records,                              | enter the name of the new regist     |
| gent and/or the new registered office addre  | es <u>s here</u> :                     |   |                                      |
| Name of New Registered Agent:  | SAME                                   |   |                                      |
| ranie of thew negistered Agent.  |  | ······································                  |                                      |
| New Registered Office Address:   |  | Enter Florida street                                    | -11                                  |
|  |  | enier riorida street                                    | aauress                              |
|  |  | <i></i>   | , Florida                            |
|  |  | Ciţ   | Zip 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 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              |
|--------------|-------------------------|------------------------|-----------------------------|
| AMBR         | ANA CLAUDIA ABREU MARUF | 7211 SPRING VILLAS CIR |                             |
|              |                         | ORLANDO FL 32819       | ≡Remove                     |
|              |                         |                        | □Change                     |
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| ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of | (optional)  f filing or more than 90 days after filing.) Pursuant to 605 0207 |
| te: If the date inserted in this block does not meet the applicable state  | utory filing requirements, this date will not be listed as                    |
| ument's effective date on the Department of State's records.   |   |
| ·  |   |
| ·  |   |
| cord specifies a delayed effective date, but not an effective time, at 1   | 2:01 a.m. on the earlier of: (b) The 90th day after the                       |
| cord specifies a delayed effective date, but not an effective time, at 1   | 2:01 a.m. on the earlier of: (b) The 90th day after the                       |
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