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(Requestor's Name)	·
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: CUSTOM Painting + Coating of Florida LLC Name of Limited Liability Gampany	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Ricardo Arteaga Name of Person	
Castom Painting + Coating of Florida LLC FimyCompany	
587/ NW 5516 Ct. Address	
Oca la Fl 34482 City/State and Zip Code	
E-mail address: (to be used for tuture annual report notification)	
For further information concerning this matter, please call:	
RI COVIDO A Preson at (352) 512-2457 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Painting + C (Name of the Limited)	acting of Florida LL(Liability Corpany as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _ 51 -15 -19	and assigned
Florida document number <u>L19001037</u>		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	20
); 9
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BO	<u></u>	S: AH
		<u> </u>
		, О
 If amending the registered agent and/or registered agent and/or the new registered office 		iter the name of the new
	·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
-	City	aZip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S. istered office address, I hereby confirm that th	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
<u>AMBR</u>	Ricardo Arteaga	587/ NW SSth Ct. Ocala +1 34482	DAdd
			Remove
			Change
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he 90th c	ecifies a delayed day after the rec	ord is filed.					he earlier o
$\sim M_{\odot}$	ny 27th Rin		. <u>2019</u>	<u> </u>			
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Page 3 of 3

Filing Fee: \$25.00