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COVER LETTER

	Registration S Division of Co		ı	
SUBJEC	MADARIA	AGA AND SON PAINTING L	LLC	
SOBJEC	-1.	Name of Lir	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	r to the following:	
		JOSE MARADIAGA		
			Name of Person	
		MADARIAGA AND SO	A AND SON PAINTING LLC Name of Limited Liability Company A AND SON PAINTING LLC Name of Limited Liability Company A AND SON PAINTING LIC Firm/Company 4393 ANNA LANE Address PALM SPRINGS FL 33406 City/State and Zip Code E-mail address: (to be used for future annual report notification) etrning this matter, please call: at (
		4393 ANNA LANE		
		·	Address	
		PALM SPRINGS FL 3340	06	
			City/State and Zip Code	
		F-mail address:	to be used for future annual report no	titication
For furthe	er information e	oncerning this matter, please c	·	tincation)
JOSE MA	ARADIAGA			
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
I I	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Registration Se Division of Co	rporations
	Fallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADARIAGA AND SON PAINTING LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>ds.</u>)
ne Articles of Organization for this Limited Liability Compan	y were filed on 04/12/2021	and assigned
orida document number L21000169430		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
ARADIAGA AND SON PAINTING LLC		
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		- CO
	<u> </u>	1, 1
ter new mailing address, if applicable:		<u></u>
ailing address MAY BE A POST OFFICE BOX)	<u> </u>	5- 3
If amending the registered agent and/or registered office	address on our records, enter	the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	3
	Fla	orida
	City	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 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
MGR	JOSE A MARADIAGA PERALTA		
			□Remove
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			□Remove
			Change
			The manner of the second
			Signature Signat
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		-		-	
					
Effective date, if other than the factive date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing: nust be specific and cannot block does not meet the	ie applicable statuto	ing or more than 90 day	(optional) is after tiling.) Pursi ts, this date will r	uant to 605.020 not be listed as
record specifies a delayed effect d is filed.	ive date, but not an ef	fective time, at 12:0	l a.m. on the earlier	of: (b) The 90th	day after the
Dated	202	<u>. </u>			
	7/01	,			

Filing Fee: \$25.00