## L2500000 8134

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7025 MAR 12 PM 2: 36 TÄLLÄHÄSSEE, FLORIDA

## **COVER LETTER**

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SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  RICARDO E ALPIZAR GOMEZ	
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Please return all correspondence concerning this matter to the following:	
DICADDO E ALDIZAD COMEZ	
KICARDO E ALI IZAR GOMEZ	
Name of Person	_
L&R PAINTING LLC	
Firm/Company	_
12650 SW 190TH ST	
Address	_
MIAMI, FL 33177	
City/State and Zip Code	_
ricardoalpizar100@gmail.com	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
RICARDO E ALPIZAR GOMEZ 786 881-8461 at ()	
Name of Person Area Code Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

L&R PAINTING LLC

2025 MAR 12 PM 2: 36

(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  $\frac{01/06/2025}{100}$ Florida document number \_\_\_\_\_L25000008734 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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	RICARDO E ALPIZAR GOMEZ	12650 SW 190TH ST	□ Add
		MIAMI, FL 33177	□ Remove
			<b>=</b> Change
			□Add
			Remove
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fective date, if other than the date of filing in effective date is listed, the date must be specific a site: If the date inserted in this block does no cument's effective date on the Department o	and cannot be prior to date of fi it meet the applicable statut	ling or more than 90 days a		
ecord specifies a delayed effective date, but n is filed.	not an effective time, at 12:0	II a.m. on the earlier of	(b) The 90th day afte	er the
ted March 3rd	2025			
	a member or authorized repre	sentative of a member		
Signature of	a member of authorized repre	semante of a memori		

Filing Fee: \$25.00