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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

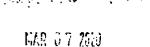
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations

ALI SUBJECT:	, PRO PAINTING, LLC.		
Notice 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OCTAVIO VILLACIS		
		Name of Person	
	ALL PRO PAINTING, LI	LC.	
		Firm/Company	<del></del>
	1577 CORAL RIDGE DR	IVE	
		Address	
	CORAL SPRINGS, FL 33	071	
		City/State and Zip Code	<del></del>
	ALLPROPAINTINGLLC@	@GMAIL.COM	
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	concerning this matter, please c	all:	
OCTAVIO VILLACIS		786 285-8748	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. • Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee. 1	Section Torporations 17	Street Address: Registration Sect Division of Corpe The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL PRO PAINTING, 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  $\frac{07/22/2005}{1}$ and assigned Florida document number \_\_\_\_\_\_105000072338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALL PRO PAINTING & SERVICE, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ving filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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:

JGR =	Manager
MBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
		-	□Add
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			□Remove
			Change
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Effective date, if other than the date of filing:    Optional   Optional	_			ny other information, enter	
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Dated 02/02/2020	er the	on the earlier of: (b) The 90th day after	effective time	s a delayed effective date, but i	
				,	02/02
Signature of a member or authorized representative of a member		e of a member	nner or authori	Signature of	

Filing Fee: \$25.00