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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

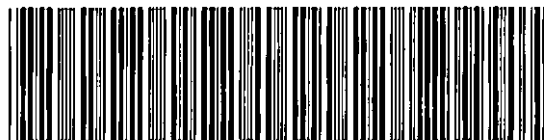
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB 14 AM 10:08
STATE OF FLORIDA
CLERK OF THE COURT

MAR 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL PRO PAINTING, LLC.
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:

OCTAVIO VILLACIS
Name of Person
ALL PRO PAINTING, LLC.
Firm/Company
1577 CORAL RIDGE DRIVE
Address
CORAL SPRINGS, FL 33071
City/State and Zip Code
ALLPROPAININGLLC@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO VILLACIS
Name of Person
786 285-8748
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 07/22/2005 and assigned
Florida document number L05000072338 , _____.

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 "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 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>	<u>Address</u>	<u>Type of Action</u>
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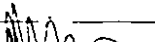
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 3. What is the significance of the study?
 4. What are the limitations of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the contributions of the study?
 9. What are the implications of the study?
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/02/2020



Signature of a member or authorized representative of a member

Octavio Villasis

Typed or printed name of signee

Filing Fee: \$25.00