## 10700000 2453

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## COVERLETTER

TO:	Registration Se Division of Cor								
SUBJE		AINTING, LLC							
SUBJE.		Name of Lim	ited Liability Gor	mpany					
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing	<b>g</b> .					
Please	return all correspo	ondence concerning this matter	to the following	g:					
		MARK RAFFLES							
		20000 200000000000000000000000000000000	Name of I	Person					
		2 GUYS PAINTING, LLC							
			Firm/Con	npany					
		4 WOODWARD WAY							
		KEY LARGO, FL 33037	Addre	:SS					
		JAFFS52@YAHOO.COM	City/State and	•			!# ·	2[	
			H	ure annual	report notification)		=======================================	2019 JAN	ensy.
For furt	her information c	oncerning this matter, please ca	ili:				11.5 27.27	温	CED::01
MARK	RAFFLES		305 at (	43	4-2712		12.7	<b>~</b> →	ي مونه
	Name o	f Person	Area	Code	Daytime Telepho	one Number		PM 4: 3	7 1
		ne following amount:						_	
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additiona			\$60.00 Filin Certificate Certified C (additional co	of Status		
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314		Registrat Division Clifton E 2661 Exc	T/COURIER ADItion Section of Corporations Building ecutive Center Circsee, FL 32301				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 GUYS PAINTING, LLC	<b>\</b>			
(Name of the Limited Liability Comp	any as it now appears on our records.)			
(A Florida Limited				
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{01/08/2007}{}$ and as	and assigned		
Florida document number 107000002453				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	』 bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	Silve Community with Aminosis will City ask abbasis with			
The new name must be distinguishable and contain the words. Limited Liab	illy Company, the designation CLC of the appreviation	L.L.C.		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	5 5	3		
(Trincipal Villet address MOST Bu / STREET / DOTESS)		777		
		Comments of		
	II	1 greate		
Enter new mailing address, if applicable:	100	' <del> <u>क्ष्यक</u>्र</del>		
(Mailing address MAY BE A POST OFFICE BOX)		P 111		
Maiang address MAY BE A PUST OFFICE BUX		<del></del> -		
	$\frac{z}{z_{iv}}$	<del></del>		
TO TO IS AT THE TOTAL TO THE TOTAL T				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		of the nev		
registered agent and/or the new registered office address he	15.			
Name of New Registered Agent:	4			
Now Designated Office Address.				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zip Code	,		
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar w provided for in Chapter 605, F.S. Or, if this doc	ith and cument is		
	1			

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action		
AMBR	DINEYDA GOMEZ	38217 SW 192 PL HOMESTEAD, FL 33034	Add		
			☐ Remove		
			C Remove		
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O1/01/2019  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as becament's effective date on the Department of State's records.	amending any other information, enter chang	ge(s) here: (Atta	ch additional sheets, if	(necessary.)	
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	DECEMBER 28 20	)18 ·			
	Comp	· - <del></del>			
MARK RAFFLES	Signature of a memb	ber or authorized rep	resentative of a member		
	MARK RAFFLES				

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Filing Fee: \$25.00