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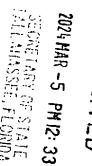
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## **COVER LETTER**

TO: Registration Division of C			
	URR PAINTING AND MAINT	TENANCE LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carmen Escobar		
		Name of Person	
	Escobar Painting LLC		
		Firm/Company	
	213 11th Street		
		Address	
	Apalachicola, FL 32320		
		City/State and Zip Code	
	bettyjean@rapacpas.com E-mail address. (	to be used for future annual report no	lification)
For further information	concerning this matter, please c	all:	
Carmen Escobar		850 370-6548	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sc Division of Co The Centre of	rporations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDY URR PAINTING AND MAINTENANC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our records.</u> Jiability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L07000097416		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
C ESCOBAR PAINTING LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		<i>ប</i> រំ
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		2:1
		- in
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i mua su cecuatu es	
	, Flo	rida Zip Code
	V 113	rapicone

## 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
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