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Chasial Instructions to Ci	line Affice.	

L. SELLERS

JUN 2 9 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration So Division of Co					
SUBJECT: CAMACHO PAINTING LLC						
SUBJ	ECI:		ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		ANA FERREIRA Name of Person				
ANAS ACCOUNTING SERVICES CORPORATION						
Firm/Company						
2055 WOOD ST UNIT 114			·			
Address						
	SARASOTA, FLORIDA 34237 City/State and Zip Code					
	RAMOSHANA@COMCAST.NET E-mail address: (to be used for future annual report notification)					
For fu	rther information of	E-mail address: () concerning this matter, please c	·	unication)		
	AN	A FERREIRA	at (941)	870-3400		
	Name o	of Person	Area Code & Dayt	ime Telephone Number		
Enclos	ed is a check for t	he following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMACHO PAIN			
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears o ility Company)	n our records.)	
, ,			
The Articles of Organization for this Limited Liability Company we	re filed on	FLORIDA.	and assigned
Florida document numberL0900054729			,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	v company here:		
A. If amending name, enter the new name of the named name	company nere.		
The new name must be distinguishable and end with the words "Limited "L.L.C."	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)			
The state of the s			
-			
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:		A E	3
	Enter .	Florida street address	§ 71
		. Florida	2
	lity	, Florida	ip Gode
New Registered Agent's Signature, if changing Registered Agent:		£.S.	
		윤적	ω
I hereby accept the appointment as registered agent and agree t	o act in this capa	city. I further assee	to comply with
the provisions of all statutes relative to the proper and complete	performance of r	ny duties, and I am f	familiar with and
accept the obligations of my position as registered agent as pro	viaea jor in Chapi	ier ouo, r.s. ur, ij ir	us aocument 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Name | <u>Address</u> **MGRM** Jose Angeles Hernandez ✓ Add 3421 Serena St Sarasota, FL 34237 Remove MGRM Martin Lopez 3421 Serena St ☐ Add ✓ Remove Sarasota, FL 34237 ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/21/2010 Dated _ Signature of a member of authorized representative of a member ALBERTO CAMACHO

Page 2 of 2

ed or printed name of signee

Filing Fee: \$25.00