5/26/2015 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L10000095962

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVA'S PAINTING & GENERAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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J. HARRIS

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Account Bookkeeping
DATE	2015-05-26 18:55:28 GMT
RE	AMENDEMENT SILVA'S PAINTING GENERAL SERVICES, LLC

COVER MESSAGE

Best Regards,

Savana Silva - Customer Service Assistant

Account Bookkeeping Corp | <http://www.abkcorp.com/> www.abkcorp.com

P.: (407) 898-1757 | Fax.: (407) 897-5336

Brasil: São Paulo +55 (11) 3230.2525

3300 S Hiawassee Rd Ste 106 Orlando, Fl 32835

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVA'S PAINTING & GENERAL SERVICES, 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:

SAVANA MYLLYS SILVA
Name of Person

ACCOUNT BOOKKEEPING CORP
Firm/Company

3300 S HIAWASSEE RD STE 106
Address

ORLANDO, FL - 32835
City/State and Zip Code

INFO@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAVANA MYLYS SILVA at (407) 898-1757
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA'S PAINTING & GENERAL SERVICES, 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 09/10/2010 and assigned Florida document number L10000095962.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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TALLAHASSEE, FLORID

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: LEONIDAS SILVA

New Registered Office Address: 3311-3321 35th STREET
Enter Florida street address

ORLANDO, Florida 32811
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.

Leo Silva

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	DA SILVA JAYME, GIOVANNA	3311-3321 35th STREET	■ Add
		ORLANDO, FL - 32811	☐ Remove
			☐ Change
S	LEONIDAS E SILVA, JOAO		☐ Add
			■ Remove
			☐ Change
AMBR	SILVA, LEONIDAS	3311-3321 35th STREET	☐ Add
		ORLANDO, FL - 32811	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 MAY 22 2015

Signature of a member or authorized representative of a member

GIOVANNA DA SILVA JAYME

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

***Filing Fee:* $25.00**

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