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(Red	questor's Name)	
(Add	dress)	
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J. SAULSBERRY EXAMINER

SEP 7 2012

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT: TE	RCEROS PAIN Name of Lim	tiNG LLC ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
		RAFAEL	Name of Person 5 PAINTING LL			ļ
		3572	Firm/Company Valley view Sq Address			
		Kissimme mariate	City/State and Zip Code ios 40 horman. Com			
For fur	ther information	E-mail address concerning this matter, please	(to be used for future annual report notifica call:	tion)	SECRETA SALL AHAS	<u> </u>
Enclos	Name Name	ACETAD of Person the following amount:	at (<u>321</u>) <u>373 · 3</u> Area Code & Daytime T	//6 elephone Number	RYOF STATE SEE, FLORID	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ng Fee, te of Status	&

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERCEROS PA	HINTING LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number 273627741	Company were filed on	06/2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		SECRETARY OF STATE of the new	
registered agent and/or the new registered office ad	<u>iaress nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
	City	Zip Coae	

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 608, 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 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 **Title Name** Address Type of Action RAFAEL TEACERD □ Add Remove ☐ Add Remove P Add ☐ Remove MGRM TREJOS Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the fitles of the MANAGER / Members. RAFAEL TErcero currently as a a MANAGER as well as MARIA Trejos Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00