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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEURETARY OF STATE ALLAHASSEE, FI OPIDA

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJEC	ct: <u>fort</u>	one <u>Dainting</u> Name of Limi	\$Design220	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	lence concerning this matter	to the following:	
		_Lisette	Arroyo Name of Person	<u> </u>
		fortune,	Dainting & De.	sign Clc
		9817 R	ver Dines Ct.	
		orlando	A1 82825 City/State and Zip Code	
		InfoOfo E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information con	cerning this matter, please ca	ılı:	
De	Her Go. Name of F	mza/eZ Person	at (813) 500 Area Code Daytime	7-8208 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tortone painting	a di Design CC	<u> </u>	
(A Florida	y Company as it now appears on ou Limited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Co	* *	8/-/7an	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		1704	
(Principal office address MUST BE A STREET ADDR	ESS)		0
		AH	A A
		ARX NSS	F
Enter new mailing address, if applicable:		E C	> IT
(Mailing address MAY BE A POST OFFICE BOX)		FLO	X (-
		RATION STATES	: 53
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the na	ame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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company. For fune painting & Design tive date, if other than the date of filing: (optional) fifective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed. A Sept. 21. Plants Amena	a122.
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Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member 215c++c Arrogo Typed or printed name of signee	

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Filing Fee: \$25.00