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2012 JUL 13 AH 6: 54
SECRETARY OF STATE
AHASSES OF STATE

J. SAULSBERRY EXAMINER JUL 16 2012

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJEĊT:	T CO/OY Name of Limi	ted Liability Company	<u></u>		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rue C	ben Gonala Name of Person Olar Painting C Firm/Company	1C		
	1421 (	Sreen Ridge I Address  Other Franciscope  Other Ridge I	) 7 76 3	2012 JUL SECRETA	
	From your	133/16 hotmo./.c	,		
	E-mail address: (	to be used for future annual report notifica	tion)	₩♡ ──	g St. way
For further information	concerning this matter, please c	all:			**************************************
Roub	en Gorgales of Person	5 at ( <u>467)</u> 3 <b>V</b> 0 17. Area Code & Daytime T	elephone 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 I Certificate of Certified Cop (additional co	f Status &	:d)
	C	· ·			
MAII	INC ADDRESS:	STDEET/COUDIE	D ADDDESS.		

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

(Name of the Limited Liah	pility Company as it now appea ida Limited Liability Company)	Cors on our records.)	,
The Articles of Organization for this Limited Liabili Florida document number 42000 474	ty Company were filed on	4-5-12	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re:</u>	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET AL	DDRESS)	·	and a
			201. SE
Enter new mailing address, if applicable:			SS
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		Fig.
			70 7
B. If amending the registered agent and/or re registered agent and/or the new registered office		oùr records, <u>enter</u>	ਰੋਜ ਤ
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street aa	ldress
_		, Florida	2. 0. 1
	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 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 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	<u>Name</u>	Address	Type of Action		
MGRM	Kelvin Francisco Cabrera	1421 Green 7. dg. Dr Apopla Fr. 32763	Add Remove		
mGRM	Brael Ryas	1421 Giee Fr. Lge Dr apoptate 32203	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	)		
			ZOIZ JUL 13		
	フータ / <i>e</i>				
Dated	Ruhen	or authorized representative of a member	<u> </u>		
	Runber	or printed name of signee	. <del></del>		

Page 2 of 2

Filing Fee: \$25.00