## L14000027718

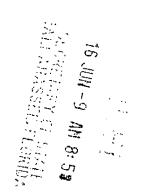
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## **COVER LETTER**

L TO:

	gistration Section vision of Corporat	ons			
culo (P.CT		ING SERVICE LLC			
SUBJECT:		Name of Limited L	Liability Company		_ <del></del>
The enclose	d Articles of Amen	dment and fee(s) are submitte	d for filing.		
Please return	all correspondenc	e concerning this matter to the	e following:		
	D	AVID HERRERA-CARRERA	A		
			Name of Person		<del></del>
	D	AVID'S PAINTING SERVIC	E, LLC		
			Firm/Company		
	87	21 N 46TH STRE APT A			
	-		Address		
	TA	AMPA, FL 33617			
		Cit	ty/State and Zip Code	e	
	DA —	VISPAINTING54@GMAIL			
For further i	nformation concerr	E-mail address: (to be sing this matter, please call:	used for future annua	u report notificatio	on <i>)</i>
	RRERA-CARRER	•		05-9742	
Name of Person		n	at () Area Code	Daytime Tele	phone Number
Enclosed is a	a check for the following Fee	()	3 \$55.00 Filing Fee Certified Copy (additional copy is ea	&	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING A Registration Division of C P.O. Box 632 Tallahassee	Section Orporations 7	Registra Division Clifton 2661 Ex	ET/COURIER Antion Section of Corporation Building secutive Center ( ssee, FL 32301	s

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID'S PAINTING SERVICE, 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 Fth 18,2014 and assigned Florida document number L14000027318 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) 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: Enter Florida street address Florida

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, enter the title, name, and address of each person being added or removed from our records:

' MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	JUAN LUIS TORRES	8721 N. 46TH ST APT A	
	•	TAMPA, FL 33617	■ Remove
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Typed or printed name of signee

Filing Fee: \$25.00