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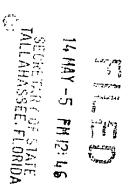
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## ANGEL'S PAINTING SOLUTIONS, LLC

SUBJECT:

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:

	Angel Anton	io Fernandez Go	onzalez		
		Name of Person			
	Firm/Company				
	5803 Albert	Rd.			
	i	Address			
	West Palm I	Beach, FL 33415	5		
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	concerning this matter, please co	all:			
<b>Angel Anto</b>	nio Fernandez	z <sub>at</sub> 561 232-90	687		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

## ANGEL'S PAINTING SOLUTIONS, 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 04/24/14 and assigned Florida document number L14000066866 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 end with 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Abel Claro Cartaya	2772 Dudley Dr. E Apt. A	<b>=</b> Add
		West Palm Beach FL, 33415	Remove
AMBR	Rafael Osvaldo Martinez Casanova	3829 ParkSide Cir.	 ■ Add
		Palm Springs FL, 3346	1 _□ Remove
	<del> </del>		
			□ Remove
			□ Add
		E) ALLAH	Remove
		ASSET FLORIDA	□ Adid
		A	_D Add
			_ Remove

D. II ainenda	ng any other	mormation,	enter change(s)	nere: (Att	ucn additional sneets,	ij necessary.)
And	ocl An	tonio f	ernandez	- Gon	zalez 80	1. ownership
Ab		ro Cart				
Rat	lse	Osueld	/ ^	hinez	Casenova	10%.
E. Effective d	late. if other	than the date	of filing:			(optional)
(The effective	date must be sp	ecific, cannot be p	rior to date of receip	t or filed date	and cannot be more than 9	0 days after
Dated Ap	oril 25		201	4		
			12		=>	
-		Signa	ture of a member or	authorized re	presentative of a member	
	MGR					
			Typed or	printed name	of signee	

Page 3 of 3

Filing Fee: \$25.00

