## 214000066866

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## **COVER LETTER**

Division of Corpo	orations		
subject: Ana	el's Painti Name of Limi	ing Solutions L	le_
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Angel A	Name of Person	Conzalez
		Firm/Company	
	4650 So Ho	n Terr S.	
	West Polm	mitted for filing.  to the following:  Fernandez Conzolez  Name of Person  Firm/Company  Address  Deach FL 33415  City/State and Zip Code  Dyshap. Comp  To be future annual report notification)  all:  Mez at (S61) 232 - 4687  Area Code Daytime Telephone Number   \$555.00 Filing Fee & Certificate of Status &	
	ange compand E-mail laddress: (1	O yahaa.com	ication)
For further information con	v ocerning this matter, please ca	all:	
Angel A Fer	nandez Gouzal	Area Code Daytime	9687 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

**Registration Section** 

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 TOARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 04/24/2014 and assigned Florida document number <u>L14000066866</u>. 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 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 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 **Type of Action** <u>Title</u> **Address** <u>Name</u> Berbarita Grisel 4650 Sulton Terr S. BAdd MGR ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Charge □Ãdd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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