L14000069619

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| MARCOS SUBJECT: | PAINTING & CONCRETE D | ECORATION LLC | | | |
|--|--|---|--------------------|---------------------------|--|
| Jobsteff | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | MARCO A MUNOZ ISLA | ۸S | | | |
| | | | | | |
| | | Firm/Company | | | |
| Firm/Company 2948 REGENCY COVE Address SARASOTA FL 34234 City/State and Zip Code E-mail address: (to be used for future annual report notification) | | | | | |
| | | Address | | | |
| | SARASOTA FL 34234 | | | 12 | |
| | City/State and Zip Code | | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | 2023 FEB -9 SECKLIFIES | |
| For further information c | oncerning this matter, please c | all: | | % | |
| MARCO A MUNOZ ISI | LAS | at (941) 879 - | 1441 | AH 8: 28 | |
| Name o | f Person | Area Code Daytim | e Telephone Number | 1E 58 | |
| linelosed is a check for the | ne following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & | |
| Mailing Addres Registration 5 Division of C P.O. Box 632 | Section corporations | Street Address: Registration Sec Division of Cor The Centre of T | porations | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liab | pility Company as it now appears on our records Limited Liability Company) | ords.) |
|---|--|---|
| (A Flor | ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L14000069619 | Company were filed on 04/30/2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADI | DRESS) | \$ 283 FE |
| | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| | | الله ف 🖅 |
| Enter new mailing address, if applicable: | | × 00 P |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | 28 28 |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | er the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | ress |
| | - | 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, 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> | Address | Type of Action |
|--------------|---------------------|-------------------|---|
| AMBR | Suzette A. Amarante | 2948 REGENCY COVE | X ∧dd |
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| D. If amending a | ny other infort | nation, enter (| change(s) he | re: (Attach a | ıdditional sh | eets, if neces | sary.) | | |
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| E. Effective date, (If an effective date | is listed, the date r | nust be specific an | nd cannot be prio | r to date of filin | ng or more than | (option 90 days after fi | ling.) Pursua | ant to 605 | 5.0207 (3)(b |
| | te inserted in this ective date on the | | | | y filing requii | ements, this c | late will no | t be list | ed as the |
| If the record specific record is filed. | s a delayed effec | tive date, but no | ot an effective t | time, at 12:01 | a.m. on the e | arlier of: (b) | The 90th | day afte | r the |
| Dated February | 3 | | 2023 | | | | SEC | 2023 | |
| | 1 | SIII. | | · | | | | 2023 FEB - | T |
| | | Signature of a | member or auth | norized represen | ntative of a me | mber | 5 <u>5-2</u> | 9 | THE SECOND |
| Marc | co A Munoz Islas | š | | | | | Y OF S | AH | |
| | | | Typed or prin | ted name of sig | ince | | TATE | 8: 29 | |

Filing Fee: \$25.00