

L14 000 100666

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MONEY TRUST FINANCIAL SERVICES, LLC
Account Number : I20140000079
Phone : (305)387-0076
Fax Number : (305)388-0076

2014 NOV 20 AM 08:17
SECRETARY OF STATE
FALL ASSOCIATE (F100002)

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cjm@mtats.com

RECEIVED
14 NOV 20 AM 10:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED SEALANT AND PAINTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Sealant and Painting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

FILED
2014 NOV 20 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Money Trust Financial Services LLC
Name of Person
Firm/Company
14335 SW 120 ST STE 110
Address
Miami, FL 33186
City/State and Zip Code
cjm@mtats.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Martinez at 305 387-0076
Name of Person Area Code Daytime Telephone 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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2014 NOV 20 AM 09:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Sealant and Painting 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 06/24/2014 and assigned Florida document number L14000100666.

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

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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	Norman Ramon Pineda Zeledon	15888 SW 139 ST	<input checked="" type="checkbox"/> Add
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		Miami, FL 33196	<input type="checkbox"/> Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Add

Remove

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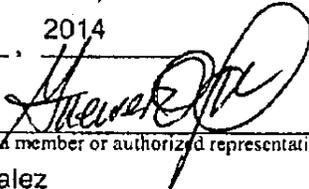
Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 20, 2014



Signature of a member or authorized representative of a member

Elmer Jose Guerrero Gonzalez

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2014 NOV 20 AM 8:16

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