## L14000 105820

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(C	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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JUN 09 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		vailable always paint and tile LL	.c	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Jeffrey Pizarroz		
			Name of Person	
		Always available always p	paint and tile LLC	
			Firm/Company	·
		1262 azora drive		
		<u> </u>	Address	
		deltona fl 32725		
		<del> </del>	City/State and Zip Code	
		jpizarroz@yahoo.com		
,		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information	concerning this matter, please ca	all:	
Jeffrey	Pizarroz		386 479-0652 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	d 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Always available always paint and			
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	Liability Compan	y were filed on 7/11/2014	and assigned
Florida document number L14000109820	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1262 azora drive	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1225 bachman ave	
		32725	
B. If amending the registered agent and registered agent and/or the new registered o	/or registered ffice address he	<u>ere</u> :	nter the name of the n
Name of New Registered Agent:	•	Jose L Cruz	
New Registered Office Address:	1262 azora dr	ive  Enter Florida street address	THE STATE OF THE S
	deltona	, Florida	935
		City	Zip Gode

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.

f 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
partner	Jose L Cruz	3160 s dorchester dr	■ Add
		deltona fl	☐ Remove
		32738	
	<del></del>		□ Ađd
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
<del></del>			☐ Add
			☐ Remove
		<del>-</del>	Change
			Remove
			Change

	business affective immediately any questions pls call 386-479-0652 i will be happy to acknowledge
Effec	tive date, if other than the date of filing: (optional)
lfan e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
	ASE 1
ne re	جن جن المنافقة ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
Th	e 90th day after the record is filed.
	SSE -8
Date	2015
	July Da
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00