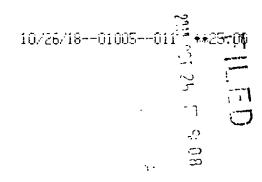
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## **COVER LETTER**

	Registration Sec Division of Corp				
CUBICO	JORGE L SU	UAREZ LLC			
SUBJEC		Name of Limi	ited Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		Jorge L Suarez			
			Name of Person		- T
		3127 Windchime Circle Ea	Firm/Company		で ガラア カラ
		Apopka, FL 32703	Address		9 5 2
		js29008@gmail.com	City/State and Zip Code	<del></del>	
		E-mail address: (1	to be used for future annual report notif	ication)	
For furth	er information co	oncerning this matter, please ca	ail:		
Jorge L.	Suarez		321 438-6676 at()		
	Name of	Person		Telephone Number	
Enclosed	is a check for the	e following amount:			
\$25.0	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 Sta Certified Copy (additional copy is e	atus &

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

JORGE L SUAREZ LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability (	Company were filed on 09/23/2014	and assigned
lorida document number L14000148712	<del></del> -	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
. Luis Painting, LLC		
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	o" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		) (2)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office ado</li></ol>		is, enter the name of the
Name of New Registered Agent:	<del></del>	<del> </del>
New Registered Office Address:		
	Enter Florida street addre	SS
	. F)	lorida
<del></del>	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
			Add
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Effe	fective date, if other than the date of filing: (opti	onal)
	n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the tate inserted in this block does not meet the applicable statutory filing requirements, this	
	cument's effective date on the Department of State's records.	s date will not be fisted as t
	record specifies a delayed effective date, but not an effective time, at $12:01\ a$ . The 90th day after the record is filed.	a.m. on the earlier of
Date	ted 10/20/2018 , 6:00 pm.	
	<u></u>	
	Signature of a prember or authorized representative of a member	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00