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COVER LETTER

	Division of Cor			er.
er nare	Jose Arbela	ez Painting LLC		•
NU DJEC	T:	Name of Lin	nited Liability Company	
The encle	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		Jose R Arbelaez		
			Name of Person	
•		Jose Arbelaez Painting LL		
			Firm/Company	
		11003 Ridgedale Road		
			Address	
	•	Temple Terrace Fl 33617		
			City/State and Zip Code	
		diego_arbelaez_7@hotmail	.com to be used for future annual report noti	Frontian)
For furthe	er information c	oncerning this matter, please c	·	
Diego Ar		, and the second product of	813 244-1841	
	Name o	l Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
	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)
i 1	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida 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	Jose Arbelaez Painting LLC		
Plorida document number L14000153734 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records,)
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New Registered Office Address: Enter Florida street address		office address on our records,	enter the name of the new regist
Enter Florida street address	Name of New Registered Agent:		
·	New Registered Office Address:	Prometty 13	11
P1 12	•	Enter Plorida stree	t ataress
, Florida, Florida, Zin Code			, Florida

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 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

Title	Name	Address	Type of Action
AMBR	*Jose R Arbelaez	11003 Ridgedale Road Temple Terrace FI 33617	= Add
			□Remove
			□Add
	•		□Remove
			🗀 Change
			□Add
			□Remove
	•		GChange
			🗀 Add
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ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b) The 90	Ith day after th
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Filing Fee: \$25.00