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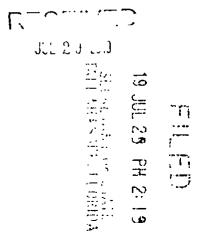
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
eno iez		TING, LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	aturn all correspo	ndence concerning this matter	to the following:	
		MIRIOSKA LUGONES		
		TMR PAINTING, LLC	Name of Person	
		121 CLIFTON RD	Firm/Company	
		WESTPARK, Ft. 33023	Address	······································
		TMRPAINTING@GMAIL	Name of Person Name of Person Fitm/Company Address City/State and Zip Code OM be used for future annual report notification) :	
				notification)
For furth	ier information c	oncerning this matter, please ca	all:	
MIRIOS	KA LUGONES			
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	I is a check for th	ne 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)
	Registr	ING ADDRESS:	STREET/CO Registration S	

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMR PAINTING, LLC	••	and V			
(A Florida Limited Liability Co	mpany as it now appears on our re- ited Liability Company)	coras.)			
The Articles of Organization for this Limited Liability Comp Florida document number L14000195876	pany were filed on 12/29/2014	and assigned			
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 contain the words "Limited I	.iability 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	<u> </u>	<u> </u>			
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		F. 2			
	•	7.			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter the name of the n</u>			
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 Ag	ent:				

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, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	TOMMY RODRIGUEZ	121 CLIFTON RD	
			Add
		WEST PARK, FL 33023	
			□ Remove
	MINIOSEA LUCONOS		Change
MGR	MIRIOSKA LUGONES		
			□ Remove
			A Change
			Add
			. 1
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Note: If the date in	other than the date isted, the date must be s iserted in this block d be date on the Depart	ioes not me	et the applic	rable statuto	ng or more than	(option 90 days after rements, this	nal)	int to 60	

Page 3 of 3

Filing Fee: \$25.00