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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 02 2015  
S. YOUNG

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAINTER'S DNA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL FIALLOS

Name of Person

PAINTER'S DNA LLC

Firm/Company

2331 AZALEA COURT

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

MANNYJR\_MNICE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MANUEL FIALLOS

954 483.9480  
at ( )

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

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

**PAINTER'S DNA 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 12/30/2014 and assigned  
Florida document number L14000196737.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**PAINTER'S DNA LLC**

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)**

2331 AZALEA COURT

PEMBROKE PINES, FL 33026

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2331 AZALEA COURT

PEMBROKE PINES, FL 33026

**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:

MANUEL FIALLOS

New Registered Office Address:

2331 AZALEA COURT

Enter Florida street address

PEMBROKE PINES,

, Florida

33026

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

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

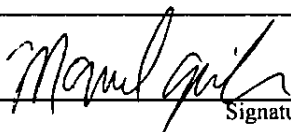
ADDING APOSTROPHE IN THE NAME PAINTERS (PAINTER'S)

AND CORRECTING ADDRESS FROM 3221 TO 2331.

**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 JANUARY 12, 2015



Signature of a member or authorized representative of a member

MANUEL FIALLOS

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

FILED  
15 JAN 20 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000196737  
FILED 8:00 AM  
December 30, 2014  
Sec. Of State  
jdharris

**Article I**

The name of the Limited Liability Company is:

PAINTERS DNA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3221 AZALEA CT  
PEMBROKE PINES, FL. US 33026

The mailing address of the Limited Liability Company is:

3221 AZALEA CT  
PEMBROKE PINES, FL. US 33026

**Article III**

Other provisions, if any:

ALL LEGAL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is:

MANUEL FIALLOS  
3221 AZALEA CT  
PEMBROKE PINES, FL. 33026

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MANUEL FIALLOS

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
MANUEL FIALLOS  
3221 AZALEA CT  
PEMBROKE PINES, FL. 33026 US

L14000196737  
FILED 8:00 AM  
December 30, 2014  
Sec. Of State  
jdharis

### **Article VI**

The effective date for this Limited Liability Company shall be:

01/01/2015

Signature of member or an authorized representative

Electronic Signature: MANUEL FIALLOS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA