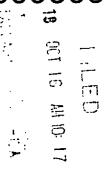
## L14000196737

| (Requestor's Name)                       |
|--|
|  |
| (Address)                                |
|  |
| (Address)                                |
| (1887-855)                               |
|  |
| (City/State/Zip/Phone #)                 |
|  |
| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
| , , , , ,                                |
| (Document Number)                        |
| (Document Number)                        |
|  |
| Certified Copies Certificates of Status  |
|  |
| Special Instructions to Filing Officer:  |
| Special instructions to raining Officer. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



600319309306



10/16/18--01012--024 \*\*25.00

ULYAN PLA SULTATI IVISHN OF CORROBATION TALL BUASSEL FLORIDA

18 OCT | 6 AM 9: 55

O SIMMONS OCT 1 of 2018

## **COVER LETTER**

| то:       | Registration Se<br>Division of Cor |   |   |  |  |  |  |
|-----------|------------------------------------|---|---|--|--|--|--|
| elib le   |                                    | S DNA LLC                                       |   |  |  |  |  |
| SUBJE     | C1:                                | Name of Lim                                     | aed Liability Company   |  |  |  |  |
| The enc   | losed Articles of                  | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |  |  |
| Please re | eturn all correspo                 | ondence concerning this matter                  | to the following:   |  |  |  |  |
|           |                                    | LUCILLA SILVA                                   |   |  |  |  |  |
|           |                                    | PAINTER'S DNA LLC                               | Name of Person  |  |  |  |  |
|           |                                    | 711 NW 88TH AVE                                 | Firm/Company  |  |  |  |  |
|           |                                    | PEMBROKE PINES FL 336                           | Address<br>024  |  |  |  |  |
|           |                                    | City/State and Zip Code LUCI@PAINTERSDNA.COM    |   |  |  |  |  |
|           |                                    |   | to be used for future annual report not                                   | liffcation)  |  |  |  |
|           |                                    | concerning this matter, please ca               |   |  |  |  |  |
| LUCILL    | LA SILVA<br>Name e                 | of Person                                       | 954 243-4095<br>at ()<br>Area Code Daytii                                 | me Telephone Number  |  |  |  |
| Enclose   | d is a check for t                 | he following amount:                            |   |  |  |  |  |
| ■ S25.    | .00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
|           |                                    | ING ADDRESS:                                    | STREET/COUR<br>Registration Secti   | UER ADDRESS:   |  |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| bility Company as it now appears on our records.) rida Limited Liability Company) |
|---|
| v Company were filed on 12/30/2014 and assigned                                   |
|   |
| ;   |
| imited liability company here:  |
|   |
| Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
|   |
| DRESS)  |
|   |
| <b>5</b>  |
| <u> </u>  |
|   |
|   |
|   |
| gistered office address on our records, enter the name of the                     |
| ddress here:  |
|   |
|   |
| Enter Florida street address  |
|   |
| , Florida   |
| 2 <u>1</u>  |

## 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.

Cinv

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     |
|--------------|----------------|-------------------------|--------------------|
| MGR          | LUCILA FIALLOS | 711 NW 88TH AVE         |                    |
|              |                |                         |                    |
|              |                | PEMBROKE PINES FL 33024 |                    |
|              |                |                         | ■ Remove           |
|              |                |                         |                    |
|              | LUCILLA SILVA  | 711 NW 88TH AVÉ         | Change             |
| MGR          |                |                         | Add                |
|              |                | PEMBROKE PINES FL 33024 |                    |
|              |                |                         | ☐ Remove           |
|              |                |                         | <b>-</b>           |
|              |                |                         | Change             |
|              |                |                         |                    |
|              |                |                         | Remove             |
|              |                |                         | ·                  |
|              |                |                         | Change             |
|              |                |                         | Ø (Tr.<br>□ Add C. |
|              | <del></del>    |                         | Add Add            |
|              |                | <del></del>             | □ Remove           |
|              |                |                         |                    |
|              |                | -                       | Change             |
|              | -              | _                       |                    |
|              |                | <del>-</del>            | ☐ Remove           |
|              |                |                         | □ Change           |
|              |                | _                       | Add                |
|              |                |                         | □ Remove           |
|              |                |                         | ☐ Change           |

| ······································   | <u> </u>                              |                                      |                                 |
|--|---------------------------------------|--------------------------------------|---------------------------------|
|  |                                       | * · ***                              |                                 |
|  |                                       |                                      |                                 |
|  |                                       |                                      |                                 |
|  |                                       | · · · ·                              |                                 |
|  |                                       | _                                    |                                 |
|  |                                       |                                      |                                 |
|  | <u> </u>                              |                                      |                                 |
|  | <del></del>                           |                                      |                                 |
| <del>_</del>   |                                       |                                      |                                 |
|  |                                       |                                      | <b></b>                         |
|  |                                       |                                      |                                 |
|  |                                       |                                      | 5                               |
|  |                                       |                                      | A.                              |
|  |                                       |                                      | , 0                             |
|  |                                       |                                      | <del></del>                     |
| • ·  | <del></del>                           |                                      | <del></del>                     |
|  | <del></del>                           |                                      |                                 |
| ective date, if other than the da  | ate of filing:                        | (on                                  | tional)                         |
| effective date is listed, the date must b<br>te: If the date inserted in this block  | e specific and cannot be prior to dat | te of filing or more than 90 days af | ter filing.) Pursuant to 605.02 |
| rument's effective date on the Department  |                                       | statutary time requirements, to      | mo date will live of listed     |
| al a service of the s | .ee-aldere dake to the                | 665 aking king a 14 42 24            |                                 |
| record specifies a delayed $\epsilon$<br>he 90th day after the recor   |                                       | enective time, at 12:01              | a.m. on the earlier             |
| OCTOBER 15.  | 2018                                  |                                      |                                 |
| ed   | ··                                    |                                      |                                 |
| £ .  | 0.2 (3)                               |                                      |                                 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00