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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
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SECRETARY OF STATE

FEB 0 2 2015 S. YOUNG

COVER LETTER *

TO: Registration S Division of Co		
Zion Pa	ainting, LLC	
SUBJECT:	Name of Limited Liability Company	-
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Magali Garcia Morales	
	Name of Person	
	Firm/Company	
	P.O. Box 4671	
	Address	- IN 5
	Plant City, Florida	CRET L
	City/State and Zip Code Zionpaintingllc@gmail.com	20 SSEE
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	JORIO ORIO
Magali Garcia Mo	at ()	
Name	of Person Area Code Daytime Telephone Numb	ær
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certificational Copy is enclosed)	Filing Fee, cate of Status & ed Copy nal 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

Zion Painting, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01-07-2015	and assigned
Florida document number L15000003878		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5206 Speer Crest Park L	.ot #3
(Principal office address MUST BE A STREET ADDRESS)	Plant City, FL 33565	BEG S
		三 三 三 三
		SSE 20
Enter new mailing address, if applicable:	P.O. Box 4671	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Plant City, FL 33563	05. 4
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

Title Name **Address Type of Action AMBR** Magali Garcia Morales 5206 Speer Crest Park Lot #3 ■ Add Plant City, FL 33565 ☐ Remove _ 🗆 Add _□ Remove _□ Add □ Remove Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

it amending any other inform	nation, enter change(s) here: (Attach ad	iditional sheets, if necessary.)
-		
	10-2-1-2	

Effective date, if other than the (The effective date must be specific, can the date this document is filed by the	unnot be prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
Dated January 13	2015	
x Magali	Marcia	
Magali Garcia M	Signature of a member or authorized represent orales	tative of a member
	Typed or printed name of sign	ee

Page 3 of 3

Filing Fee: \$25.00