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(R	equestor's Name)	
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K. SALY EXAMINER FEB 2 5 2015

COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		REMODELING LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CARLOS ALBARRA	ACIN	
			Name of Person	
			Firm/Company	
		1555 NE 154 TH ST	7	
			Address	
		NORTH MIAMI BEA	ACH, FL 33162	
		ZABDIELPAINT@GI	City/State and Zip Code MAILCOM	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please c	all:	
CAR	LOS ALBARR	ACIN	at (786 975-5203	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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 ${\bf STREET/COURIER\ ADDRESS:}$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 FEB 18 PM 5:02

ZABDIEL REMODELING 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 02/03/2015 and assigned Florida document number L15000020220 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZABDIEL PAINT 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida Citv 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

Authorized Member being added or removed from our records: FILED MGR = Manager 2015 FEB 18 PM Styn2of Action AMBR = Authorized Member Title **Name** Address SECKETARY OF STATE TALLAHASSEE, FLORIDIAD ☐ Remove ____ □ Add _____ □ Remove _ 🗆 Add _____ □ Remove ☐ Remove ____ □ Remove _□ Add _____ □ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

amending any other information, en	ter change(s) here: (Attach additional sheets, if necessar
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of The effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	filing: (optional r to date of receipt or filed date and cannot be more than 90 days after artment of State)
Pated February 8	2015
, b	-
Signature	e of a member or authorized representative of a member
CARLOS BARRACIN	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

