## L150000 45592

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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April 14, 2015

AMADOR RANGEL SR 1718 COURTLAND ST ORLANDO, FL 32804

SUBJECT: LA PAINTING CONTRACTOR LLC

Ref. Number: L15000045592

We have received your document for LA PAINTING CONTRACTOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00007394

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

Division of C	orporations nting Contractor LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Amador Rangel Sr.			
		Name of Person		
	LA Painting Contrac	tor LLC		
		Firm/Company		
	1718 Courtland Stre	et		
	Address			
	Orlando, Florida 32§	304		
		City/State and Zip Code		
	mrrangel64@gmail.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
Amador Rangel S	Sr.	407 948-683	8	
Name	e of Person	Area Code Daytin	me 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)	
MA	ILING ADDRESS:	STREET/COUR	RIER ADDRESS:	

Registration Section

TO:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA Painting Contractor LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/12/2015	and assigned
Florida document number L15000045592	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		enter the name of the
Name of New Registered Agent:		\$2 0 mm
New Registered Office Address:		
	Enter Florida street address , <b>Flori</b> c	2: 5 <b>6</b>
	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 Aborized Mentoer on our records, enter the title, name, and address of each Manager or Authorized Member being acced or removed from our records:

MGR =	Manager,	•		,
AMBR =	Authorized	Mem	be	ľ

Title	<u>Name</u>	Address	Type of Action
Mr.	Amador Rangel Sr.	1718 Courtland St., Orlando, FL 32804	Add
			□ Remove
T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			□ Add
			□ Remove
			_
<del></del>			□ Add
			Remove
		بن . رفر رفر	<u>.</u>
			第 <b>35</b>
			Remove P
			_□ Add
			_ Remove
			_
			_□ Add
			_□ Remove.

Ď.	If amending any other	her Mation, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
	·	
	Effective data if other	ter than the date of filing: 03 18/2015 AR (optional)
	(The effective date must be	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
	Dated March 18th	2015
		AMADOR Runge/
	Amanday F	Signature of a member or authorized representative of a member
	Amadori	Rangel Sr.  Typed or printed name of signee
		Types of printed famile of signee

Page 3 of 3

Filing Fee: \$25.00

15 APR 20 PM 2: 56