

| (Re | questor's Name) | |
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| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificate: | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: GO | mez Paintin | a UC | |
|-----------------------------|--|--|--|
| | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| • | 5 | S . | |
| | Fredi (| Some Z Name of Person | |
| | | Name of Person | |
| | 60mez Pai | nting LLC Firm/Company | |
| | | • | |
| | 5454 100 rel 1 | ridge lane #42 | <u> </u> |
| | | | |
| | NaPles, Fo | City/State and Zip Code City/State and Zip Code COM obe used for future annual report notific | |
| | | City/State and Zip Code | |
| | <u> </u> | 4@100d.com |) |
| | E-maii address: (t | to be used for future annual report notific | cation) |
| For further information co | oncerning this matter, please ca | ill: | |
| Fredi G | omez | at (239) 404 (Area Code Daytime | 4932 |
| Name of | Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | e 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

TO:

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

| Gomez Pain | ting LL | С | | | | |
|--|--|---|------------------------|-----------------|--------|------------|
| Gomez Pain (Name of the Limited I | Liability Company Florida Limited Lia | y <mark>as it now appears on</mark> ability Company) | our records. | | | |
| The Articles of Organization for this Limited Liabi Florida document number <u>L15000055</u> | lity Company w | vere filed on <u>10</u> | 107/16 | and ass | igned | |
| This amendment is submitted to amend the following | ng: | | | | | |
| A. If amending name, enter the new name of th | e limited liabili | ity company here: | | | | |
| The new name must be distinguishable and contain the word | s "Limited Liabilit | y Company," the design | nation "LLC" or the ab | breviation "L.I | L.C." | _ |
| Enter new principal offices address, if applicabl | e: | | | | | _ |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | | | _ |
| Enton non-mailing address if and backles | | | | | | - |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | (X) | | | 2 | 8 | - . |
| Transfer of the state of the st | <u> </u> | | | 200 | - | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | r records, enter | the name | of the | nev |
| Name of New Registered Agent: | | | | | ₩. | _ |
| New Registered Office Address: | | | | | | |
| | | Enter Florida s | treet address | | | _ |
| - | | | , Florida | | _ | _ |
| New Desistant A and Cineta at 16 h | | 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 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 Title **Type of Action** Name Fredi Gomez 5454 lavel ridge In #48 Na PIES, F1 34116 80% ownership □ Add □ Remove _□ Change Esteban Gomez Hernandez 5454 laurel ridge in Aus MGR □ Remove ☐ Change □ Add □ Remove □ Change _ Add □ Remove

_□ Change

| • | Fredi. | Gomez | 80% | Owners | chiP | |
|--|--|--|--|-----------------------|--------------------|------------------------|
| | Estebar | Gomez Gomez | Herna | ndez | 20% | Ownershi |
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| an effecti lote: If (ocument e recor | ive date is listed, the the date inserted in a classification of the classification of t | nan the date of filing; date must be specific and conthis block does not me on the Department of States lelayed effective da he record is filed. | cannot be prior to det the applicable ate's records. | statutory filing red | quirements, this d | ate will not be listed |
| | | 7 | 2016 | | | |
| aicu <u> </u> | | | • | | Segmen | |
| | | | | d representative of a | member | |
| | | Exadi | GO MC. Syped or printed na | _ | | |

Page 3 of 3

Filing Fee: \$25.00