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Tallahassee, FL 32314

TO: **Registration Section Division of Corporations** Lazaru Painting enterprises LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lazaro Ruiz Perez Name of Person Lazaru Painting enterprises LLC Firm/Company 5052 Sandpiper Rd. Address New Port Richey, FL 34652 City/State and Zip Code lazaroruiz1983@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 638-9571 Lazaro Ruiz Perez Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **№ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company L15000074188	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		L 2º
(Mailing address MAY BE A POST OFFICE BOX)		
		` ਜ਼
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	`lorida
	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.

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II amenuing Authorized rerson(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>	<u>Address</u>	<u>Type of Action</u>
Office r	Antonio Smith	3614 N. Garrison St.	
·		Tampa, FL 33619	⊠Add
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fective date, if other than the authority of the date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 90	(optional) Delianate the days after filing.) Pursuant to ments, this date will not be	o 605.0207 e listed as
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ecord specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
~ 3 35	2022			
July 26				
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1	Signature of a member or authori	- ·		