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## **COVER LETTER**

SUBJECT: Pain	ting Enter	r DASCS LLC ited Liability Company	
	Mame of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
		٨	
	Hanna	h Boyd	
		Name of Person	
	Business	Control Serv	ice Inc
	39125 5.	Nuva Rd	
		Address	
	POR Dra	City State and Zip Code  USS CONTINISCO  o be used for future annual report notificat	27
	bcs@busin	USS CONTROLSCR	vi ce net
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information cond	cerning this matter, please ca		
Hannah	Boyd	at (384) 700 Area Code Daytime Te	-5454
Name of Pe	rson	Area Code Daytime Te	lephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 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

	inses LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) nted Liability Company)
The Articles of Organization for this Limited Liability Compa	pany were filed on $05/21/15$ and assigned
Florida document number <u>L15000090085</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
	Pos d
The new name must be distinguishable and contain the words "Limited L	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	
	LORAL COR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	d office address on our records, enter the name of the new
regimered agent unasses the new registered office address i	nere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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

<u>Title</u>	Name	Address	Type of Action
MGR	Lawrence Dalba	1174 Bryn Mawr Drive	□ Add
		Daytona Beach, FL 32114	Kemove
			Change
MGR	Javier Alba	3771 Long Grove Lane Port Orange, FL 32129	_Andd
		Port Orange, FL 32129	□ Remove
			Change
			□ Add
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f an effi <u>Note:</u> locum	ive date, if other fective date is listed, If the date insertement's effective dat	the date must be s d in this block d e on the Depart	pecific and car loes not mee ment of Stat	nnot be prior t the applic e's records.	able statutor	v filing require	ments, this	iling.) Purs date will:	not be	listed as
e rec The	cord specifies a 90th day afte	a delayed eff r the record	ective dat is filed.	e, but no	t an effec	ive time, at	12:01 a.	m. on t	he ea	rlier of:
)ated <sub>.</sub>	Augus-	f 26t	<u>'h</u>	20	19 C	)				

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Filing Fee: \$25.00