1500096145

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2015 AUG 24 P 4: 47
SECRETARY OF STATE

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COVER LETTER

Division of Cor	rporations			
Aziel's Pai	nting LLC			
SUBJECT.				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		,
	Ruth Zelaya			
		Name of Person		
	Aziel's Painting LLC			
		Firm/Company		
	6749 Gaillardia Rd S			
		Address		
	Jacksonville, FL 32211			
		City/State and Zip Code		
	elyrivas77@gmail.com		<u>₩</u> , ~	
	E-mail address: (1	to be used for future annual report notificati		
For further information of	concerning this matter, please ca	all:	2015 AUG ZU SECRETARY ALLAHASSE	7
Ruth Zelaya		904 472-0338 at ()	2u NRY (SSEE	
Name of Person Area Code Daytime Telephone Number				
			L L L	
Enclosed is a check for t	he following amount:		i DA	
\$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:

TO:

Registration Section

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

Aziel's Painting LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. mited Liability Company)	,
The Articles of Organization for this Limited Liability Complex document number L15000096145.	npany were filed on 6/2/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TA: 25
		LEC TO
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		
		D #:
Name of New Registered Agent:		월 5
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City.	Zin Codo

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cesar Rivas	6749 Gaillardia Rd S Jacksonville I	■ Add
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			Change
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			Change
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			☐ Remove
			☐ Change
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			SECRETARY OF STATE Add
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10.00 - 4!			6/3/15			•	
(If an effective	ve date, if other than the date in the date is listed, the date in	ne date of fillin lust be specific an	ig:id cannot be prio	r to date of filing of	or more than 90 day	(optional)	Pursuant to 605.0207
Note: 11	f the date inserted in this	block does not	meet the applic	cable statutory f	iling requiremen	ts, this date	will not be listed as
documer	nt's effective date on the	Department of	State's records				
	ord specifies a delay			ot an effectiv	e time, at 12	:01 a.m.	on the earlier of
) The 9	90th day after the re	ecord is filed	•				
	August 10th		2015				
Dated _	August 10th		2015				
	16/	- A7					
	Toll	V X @					
		-Signature of a	member or auth	orized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee