## 115000116372

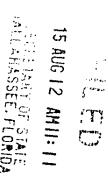
(Re	equestor's Name)	
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## **COVER LETTER**

Division of Cor			
SUBJECT:	B PAINTING		<u></u>
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	ESTHER	A. WARTINEZ Name of Person	
		71,512 57 7 61,501	
		Firm/Company	
	307 W. LAN	CASTER RD., APT. 6	
		/ 10 to 0.00	
	ORLANDO	O,FL. 32809 City/State and Zip Code	
	E-mail address: (t	ALDERA & GMAL . (0 M o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	11:	
BLANCA 1.0	CALDERA	at (407) 668	- 3456
BLANCA L. C	f Person	at (407) 668 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 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

J.E.B PAINTING	now appears on our records.)			
(Name of the Limited Liability Company as it (A Florida Limited Liability	(Company)			
The Articles of Organization for this Limited Liability Company were f	filed on $\frac{7/7/15}{}$ and assigned			
Florida document number <u>L 15000116372</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany here:			
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u>ب</u> . ن			
<del></del>	SS 72			
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new			
registered agent and/or the new registered office address here:				
	<u>8</u> ≥ <u>-</u>			
Name of New Registered Agent:	0:			
New Registered Office Address:				
	Enter Florida street address			
	, Florida Zin Code			
Cit	ity Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accent the appointment as registered agent and agree to a	act in this capacity. I further agree to comply with the			

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	Name	Address	Type of Action
AMBR	BLANCA L. CALDERA	307 W. LANCASTER RD., APTG, ORLANDO	Add
			Remove
			Change
	<del></del>		Add
			□ Remove
			☐ Change
			<u></u> □ <del>M</del> d
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		70 P	===	
(If an e Note:	tive date, if other than the date of filing: 7/23/15 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date when the date on the Department of State's records.			
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the ea	arlier	of:
Dated	7/23/15-JULY 23, 2015.			
	Signature of a member or authorized representative of a member	····		

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Filing Fee: \$25.00