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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

HESSLER SUBJECT:	PAINT & DECORATING CE	NTER 4 LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARISOL MELGAR DE	BOSQUE		
		Name of Person		
		Firm/Company		
	22765 STATE RD 7			
		Address		
	BOCA RATON, FL 33428	1		
	hessler@oeboca.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information e	oncerning this matter, please ca	all:		
Clory Neyra		at () 962-2900 Area Code Daytim		
Name o	f Person	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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration	Section	<u>Street Address:</u> Registration Se		
Division of C			Division of Corporations	
P.O. Box 632	2.7	The Centre of I	allahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HESSLER PAINT & DECORATING CENTER 4 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	rida Limited Erability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000132528	y Company were filed on 08/03/2015	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		202
	Enter Florida street address	2029 NOA
	, Flori	ida 💢
	City	Zip Col e
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my duties, and Lagent as provided for in Chapter 605, F., ered office address, I hereby confirm that	I am familian with and S. Or, if this document is

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>	Address	Type of Action
AMBR	Antonio Llano	22765 STATE RD 7	= Add
		BOCA RATON, FL 33428	□Remove
			Change
	, 		□ Add
			□Remove
			□Change
			□Add
			□Remove
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It an eff Note:	ve date, if other than the date of filing: [10/25/2021] (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	October 25th 2021
	Signature of a member or authorized representative of a member
	Maristy Mejacr del Busque Typed or printed name of signee

Filing Fee: \$25.00