L15000159322

(Re	questor's Name)	
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SECRETARY OF STATE
TAIL A HASSEL FLORID

WAY 27 2016 RIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oliveila Camps Painting LLC Name of Elmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
1203 Seffnea Valaico Rd Address
Valero Fl 33594 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vinicius A De Oliveira at (443) 540-1194 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Solution Status Solution Status Status Solution Statu

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



May 6, 2016

VINICIUS DE OLIVEIRA 1203 SEFFNER VALRICO RD VALRICO, FL 33594

SUBJECT: OLIVEIRA CAMPOS PAINTING LLC

Ref. Number: L15000159322

We have received your document for OLIVEIRA CAMPOS PAINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, removing or changing MGR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00009607

16 MAY 23 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE FI DRIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oliveia a Cama	ps Painting LLC
(<u>Name of the Limited Liability Comp</u> a (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9/18/15 and assigned
Florida document number <u>L15000159323</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
TRaction tiges auto Santa The new name must be distinguishable and contain the words "Limited Liability Inc."	ity 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)	1203 Seffner Valeiro Rd.
	Valeiro 71 33594
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as populations being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:				
	GR = Manager MBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
HGR	Do Olivera Violens A	1203 Seffner Valero Rd	□ Add		
		Marco \$1 33594.	Remove		
			Change		
			Add		
			Remove		
			Change		
			D Add		
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			□ Change		
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			□ Remove		
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	on, enter change(s) here: (Attach additional sheet	
-		
		
Note: If the date inserted in this block document's effective date on the Department.	effective date, but not an effective time, at 1	ents, this date will not be listed as th
Dated 05 /03 /2	<u>516</u> ,	
		16 1AL
Si	gnature of a member or authorized representative of a member	~~
Vinicine	DE OLIVEIRA	TARY NASSE
VINICIUS	Typed or printed name of signee	
•		25 5 C
	Page 3 of 3	28 RIDA

Filing Fee: \$25.00