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(Re	questor's Name)	
(Ad	ldress)	
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	[] 	—
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2018 SEP 19 AM 8: 49

M. MILLIGAN
SEP 23 2016

COVER LETTER

Division of Corpo	rations		
SUBJECT: OJ		PAINTING L	46
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	PLACIO	O RODRIGUE	2
		Name of Person	
		Firm/Company	
	Da. 1.	10 000	
	891 KO	SELAND Rd. Address	
	_		
	Sebastian.	FL 33958 City/State and Zip Code	
		City/State and Zip Code	
•	E-mail address: (to	be used for future annual report notific	cation)
For further information cond	erning this matter, please cal	1:	
Placido R	odrianez	at (<u>111</u>) 918 - { Area Code Daytime	3849
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the i	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
425.00 Timig 100	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

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

The state of the s nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 15 000162419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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** JOAN M. Rodriguez ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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Effective	date, if other than the date of filing: 9/14/2016 (ontional)	
(If an effective Note: If the	date, if other than the date of filing: 9/14/2016 (optional) we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	
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