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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name	9)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

ГO:	Registration Se Division of Cor					,
		TALL PAINTING & FLOORS	LLC			
SUBJEC	∠1; <u> </u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		GUSTAVO A GARCIA				
			Name of Person			
		EASY INSTALL PAINTIN	NG & FLOORS LLC			
			Firm/Company			_
		8725 NW 117TH STREET	TUNIT 18		16:0	PLUS PURS PURS PURS PURS PURS PURS PURS PU
		· · · · · · · · · · · · · · · · · · ·	Address		SEP	
		HIALEAH GARDENS, F	L 33016		#	SECO
		info@easyinstallservices.co	City/State and Zip Code om		PH 1:	TST.
		E-mail address: (to be used for future annual report notif	ication)	12	로
For furth	er information c	oncerning this matter, please ca	all:			
GUSTA	VO A GARCIA		786 4685128			
	Name o	f Person		e Telephone Number	,	
Enclosed	l is a check for th	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 Standard Certified Copy (additional copy is c	atus &	

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

TO ARTICLES OF ORGANIZATION OF

EASY INSTALL PAINTING & FLOORS I	LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		ALL SEC
	·	48
inter new mailing address, if applicable:		一 多野
Mailing address MAY BE A POST OFFICE BOX)		3 6.00
THE THE STATE OF T		- 5-
3. If amending the registered agent and/or regi	· ·	
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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA E LOPEZ	4700 NW 107TH AVE APΓ 601	
			Add
		DORAL, FL 33178	Remove
			Change
			■ Remove
			Changer
			SEPAHASSI LANA
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to datote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed. SEPTEMBER, 7TH 2016	
The 90th day after the record is filed. SEPTEMBER, 7TH 2016	
The 90th day after the record is filed.	. I representative of a member

Page 3 of 3

Filing Fee: \$25.00