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COVER LETTER

Division of (Corporations		
SUBJECT: KBJ PA	INTING AND INTERIOR DESIG	JN, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	HERLICH RIERA		
		Name of Person	
	KBJ PAINTING AND INT	TERIOR DESIGN, LLC	
		Firm/Company	
	20411 NW 20 AVENUE		
		Address	
	MIAMI GARDENS, FLOI	RIDA 33056	
		City/State and Zip Code	<u>-</u>
	SAIDA.PAGOADA@PAN.		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	on concerning this matter, please ca	all:	
HERLICH RIERA		786 277-3496 at ()	
Nan	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the 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

KGJ PAINTING AND INTERIOR DESIGN, LLC

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

(A Florida Littilled Lia	omity Company)	
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L15000210192}{L15000210192}$	rere filed on 12/18/2015	and assigned
Tiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r 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 offi registered agent and/or the new registered office address here: Name of New Registered Agent: HERLICH RIER.		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
New Designand Agent's Signature if shoughs Designand Agent.	City	zip Coae
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete praccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F. ddress, I hereby confirm that	I am familiar with and S. Or, if this document is the limited liability
If Chang	ing Registered Agent, <u>Signature of</u>	. 2 >
Page 1	of 3	ELSTA III

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
MGR	HERLICH RIERA	20411 NW 20 AVE ,	■ Aud
		MIAMI GARDENS, FL 33056	Remove
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ctive date, if other than the da	ate of filing:		(optional)	
	ate of filing: e specific and cannot be prior to date of does not meet the applicable sta	of filing or more than 90 day	ys after filing.) Pursu its, this date will n	ant to 605.
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