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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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ALLAHASSTELFLORIDA

K.SALY EXAMINER MAN -7

COVER LETTER

TO:	Registration Se Division of Con			
erib)		TING LLC		
SUB	IECT:	Name of Lim	ited Liability Company	
The c	inclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		JOSE M HURTADO		
			Name of Person	
		JOD PAINTING LLC		
	•	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		13030 SW 258 TERRACE	i.	
			Address	
		HOMESTEAD FL 33033		
			City/State and Zip Code	
		danrol@bellsouth.net	to be used for future annual report noti	fleation)
For fu	orther information c	concerning this matter, please co		
JOSE	M HURTADO		305 321-7768	
•	Name n	f Person	Area Code, At Daytim	e Telephone Number
Encin	sed is a check for t	he following amount:		Lat 199
≘ \$2	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

TC	-	S_{I_2}
ARTICLES OF O		201 /4 E/
OI	ę.	WIGHTER - D
JOD PAINTING LLC		Million AMII: 1
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	2016 MAR -3 AM 11:0 ALLANDARY UTSTATE and assigned
The Articles of Organization for this Limited Liability Company v	vere filed on 01/15/2016	and assigned
Florida document number 1.16000010632		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	iy 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 off registered agent and/or the new registered office address here:		nter the name of the new
Name of New Registered Agent:	<u>.</u>	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Fiorida

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

Title Name Address Type of Action MGRM MONICA ROLDAN 11433 SW 74 ST MIAMI FL33173 ■ Add ☐ Remove ☐ Change Rossel Dany H. 13890 SW 256 TERRACE DAD MGRM HOMESTEAD F/ 33032 Remove ☐ Change ☐ Add 卫员 王 空回 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ctive date, if other than th effective date is listed, the date m	e date of tiling: ust be specific and cannot be prio	r to date of filing or more	optional (optional than 90 days after filin)) 2.) Punadat to 605.02
If the date inserted in this !	block does not meet the applic	able statutory filing,	equirements, this dat	e will not be listed
iment's effective date on the	Department of State's records	i.		
ecord specifies a delayene 90th day after the re	ed effective date, but no	ot an effective tin	ne, at 12:01 a.m	on the earlier
ie som day arter the re	coru is med.			
FEBRUARY 18	2016			
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	MAN			
	Signature of a member or auth	orized representative of	a mem ber	

Page 3 of 3

Filing Fee: \$25.00