Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	ASS 60
From:		
	Account Name : RC TAX SERVICE HC LLC	1 PR
	Account Number : I20200000165	2.5 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3
	Phone : (863)421-0617	
	Fax Number : (407)520-5473	<u> </u>

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMS PAINTING LLC

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Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	MMS P	AINTING LLC	•
	Name of Lin	ited Lisbility Company	
			SE TAL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	二 三 三 元 第
Please return all corresp	ondence concerning this matter	to the following:	TARY SSEA
		EDGAR G MURILLO	
		Name of Person	
		MMS PAINTING LLC	
		Firm/Company	
	10	05 LAKE LOWRY RD	
		Address	
	H.ª	MNES CITY, FL 33844	
		City/State and Zip Code	
		RILLO86333@GMAIL.COM	
For further information of	concerning this matter, please of	to be used for future annual report noti all:	neauon)
EDGAR G. MURILLO		407 436 2281	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$ 25.00 Filing Fee	S30.00 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		Street Address:	ntion
Registration ! Division of C		Registration Set Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MMS PAINTING LLC		
(Name of the Limited Up (A Fig.	bility Company as it now appears orda Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	01/19/2016	and assigned
Florida document numberL16000012239			
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			···
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our rec <u>c</u> :	ords, <u>enter the name</u>	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a 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

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
S	Claudio Murillo Troncoso	1005 LAKE LOWERY RD	≡ Add
		HAINES CITY FL 33844	
			□ Add
			□Remove
			☐ Change
			□Remove
			🗀 Change
			🗖 Add
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cord specifies a delayed effect s filed.	ve date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
OULY 8	2021		
	- U.a		
Cough M	Signature of a member or authorized	renewentative of a mambas	

Filing Fee: \$25.00