## 116000071292

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S. WARREN FEB 0 6 2018

## **COVER LETTER**

	stration Section of Corp		,	
、 SUBJECT: _	EAG Pa	inting, LLC		
_		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		Elmer Garcia		
			Name of Person	
		EAG Painting, LLC		
			Firm/Company	<del></del> -
		1674 Sw Paddock St.		
			Address	<del></del>
		Port Saint Lucie, Florida 3-	4987	
			City/State and Zip Code	
		Elmer153@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further infe	ormation ce	ncerning this matter, please ca	all:	
Elmer Garcia			772 233-7587	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fil	ing 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EAG Painting, LLC (Name of the Limited 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 April 11, 2016 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L16000071292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EAG Custom Painting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_\_\_ City 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 liad ity 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			
			□ Remove
			☐ Change
	<del></del>		
		<del></del>	Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			SECONO PER CONTROL SECONO PER CO
			E STATE Move
			☐ Change

f amending any other information, ent	er change(s) here: (Attach additional sheets, if i	necessary.)
·		
		*·····
<b>Note:</b> If the date inserted in this block does locument's effective date on the Department	c and cannot be prior to date of filing or more than 90 days a not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as
January 29	2018	
ated C. A.	- Com	
Signature Eulalia Francisco-Garcia	of a member or authorized representative of a member	FILED MIASSEE, F
	Typed or printed name of signee	
		S17
	Page 3 of 3	REAL SE

Filing Fee: \$25.00