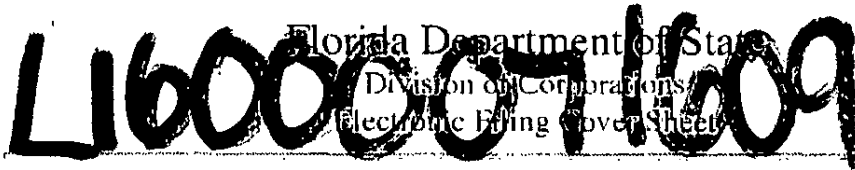


6/12/2017

Division of Corporations



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.

(((H17000157330 3)))



H170001573303ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INREP, LLC
Account Number : I20170000048
Phone : (954)816-0169
Fax Number : (954)301-0210

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

Email Address: INREP@OUTLOOK.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGUSTIN & FAMILIA PAINTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

(((H17000157330 3)))

**TO: Registration Section
Division of Corporations****SUBJECT: AGUSTIN & FAMILIA PAINTING LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN REYES

Name of Person

INREP LLC

Firm/Company

7871 NW 11TH ST

Address

PLANTATION FL 33322

City/State and Zip Code

INREP@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J ENRIQUE MARQUEZ

at (561)

701-5310

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 32301FILED
JUN 12 AM 4:15
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H17000157330 3)))

AGUSTIN & FAMILIA 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 04/11/2016 and assigned
Florida document number L16000071609

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

110 S 22ND ST

(Principal office address MUST BE A STREET ADDRESS)

STE. ATAMPA, FL 33605

Enter new mailing address, if applicable:

110 S 22ND ST

(Mailing address MAY BE A POST OFFICE BOX)

STE. ATAMPA, FL 33605

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:

AGUSTIN PALLARES ESPINOSA

New Registered Office Address:

110 S 22ND ST STE. A

Enter Florida street address

TAMPAFlorida 33605

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.

agustin Pallares Espinosa
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:

((H17000157330 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AGUSTIN PALLARES	110 S 22ND ST	<input checked="" type="checkbox"/> Add
		STE. A	<input type="checkbox"/> Remove
		TAMPA, FL 33605	<input type="checkbox"/> Change
PRES	AGUSTIN ESPINOZA	10 S 22ND ST APT A	<input type="checkbox"/> Add
		TAMPA, FL 33605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 12 4:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((1117000157330 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.Dated JUNE 7, 2017Agustin Pallares Espinosa
Signature of a member or authorized representative of a memberAGUSTIN PALLARES - MGR

Typed or printed name of signee