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TALLAHASSEE, FLORIDA

MAY 11 2016 S. YOURKG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Moral's Painting LLC Name of Limbed Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cabricla (Intrancz Name of Person	
Gabicala (Intrance Name of Person Horel's Parnting LLC Firmscompany	····3
405 Caraway Di Address Kissimmed F/ 34759 City/State and Zip Code Morals painting//Cayinai/. com E-mail address: (to be used for future annual report notification)	ALLAHASSEE.
Krisimmac F/ 34759 ==) () ()
City/State and Zip Code	<u> </u>
City/State and Zip Code City/State and Zip Code Horals painting // Co yinoi/. Com E-mail address: (to be used for future annual report notification)	- -
For further information concerning this matter, please call:	1
Clabitala Cole Person at (407) 758-9482 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Sta	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morels Parotena	LLC
(Name of the Limited Liability Com (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	1/ 1/10
Florida document number <u>L 16 0000 82 8 2 9</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	William Committee and Committe
The new name must be distinguishable and contain the words "Limited Li	lability Company, the designation LLC of the appreviation LLC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1 <u> </u>
	PH II
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ි
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
- 	City Zip Code
New Registered Agent's Signature if changing Registered Age	nt·

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 Type of Action Title Name **Address** Gabriela Croteamez 405 Caraway D1. Kissimma F1 34759 ☐ Remove ☐ Change AMBR Alagandro Moral 405 Caraway Dr. □ Add Kissemmon Fl. 34759 ☐ Remove □ Add = H ☐ Remove C ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove

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L iffec fan e:	tive date, if other than the date of filing: (optional) ffective 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 605.020	07 (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.	as th
uocui	nem's effective date on the Department of Butte 3 fections.	
ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of•
	e 90th day after the record is filed.	•
The	May 4th , 2016:	
The	May 4th 2016.	
The	18HPE	
The	Signature of a member or authorized representative of a member (70619010 (708-0110) 7.	

Page 3 of 3

Filing Fee: \$25.00