

Division of Corporations

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UP00092041

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407) 582-9830
Fax Number : (407) 294-7677

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASTER PAINT AND SERVICE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 01 2016

S. YOUNG

2016 AUG 31 AM 11:29

DATE RECEIVED

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TALLAHASSEE, FLORIDA
16 AUG 31 AM 9:47

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASTER PAINT AND SERVICE, 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheiromaria@att.net

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

For further information concerning this matter, please call:

MARIA PINHEIRO

407

582-9830

at ()

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 32301

16 AUG 31 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MASTER PAINT AND SERVICE, 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 05/11/2016 and assigned Florida document number L16000092041.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8410 SHADY GLEN DR

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8410 SHADY GLEN DR

ORLANDO, FL 32819

15 AUG 31 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:

8410 SHADY GLEN DR

Enter Florida street address

ORLANDO

City

, Florida 32819

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

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

PLEASE CHANGE ADDRESS:

TITLE: AMBR

GFRANCISCO JOSE GOMES

8410 SHADY GLEN DR

ORLANDO, FL 32819

TITLE: AMBR

ELZY MEIRE GOMES

8410 SHADY GLEN DR

ORLANDO, FL 32819

16 AUG 31 AM 9:47

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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 August 30, 2016



Signature of a member or authorized representative of a member

FRANCISCO JOSE GOMES

Typed or printed name of signee

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>	<u>Address</u>	<u>Type of Action</u>
AP	ALEX IVAN CHAVEZ	8410 SHADY GLEN DR, ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA
10 AUG 1 9:14 AM