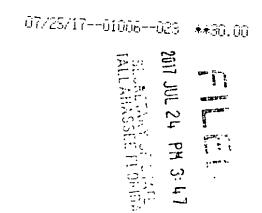
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only Otalie Ziph Hone w)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Hing Officer:
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COVER LETTER

Divis	sion of Corpo	rations			
SU BJECT :	080	PAINTING S	Solutions	LLC.	
		Name of Lin	mited Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are sul	bmitted for filing.		
Please return a	all correspond	ence concerning this matter	r to the following:		
		DILMAR	A. VILEGAS		
		080 Paint	Ing Solution	s L.L.C.	
			WOODS CIR		
		Delando	FLORIDA 3 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	2825	
		Olgaspaintie	16 P. Hotmail (16) e used for future annual re	Comport notification)	
For further inf		cerning this matter, please c			
Dilma	R A. 1	JILEGAS	at (407) 6	13-0419	
	Name of Po	erson	Area Code	Daytime Telephone Number	
Enclosed is a d	check for the t	following amount:			
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

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

ORD PAINT	Line S	olutions LLC
(Name of the Limiter	I Liability Compa A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Lia Florida document number 81-27355	bility Company	were filed on $\frac{5/19/2016}{16000098519}$ and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liab	oility company here:
he new name must be distinguishable and contain the wor	rds "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	551 RIVERWOODS circle
Principal office address MUST BE A STREET ADDRESS)		ORlando FL, 32825
Enter new mailing address, if applicable:		551 Riverwoods Circle Delando FL. 32825
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Delando FL, 32825
3. If amending the registered agent and/or registered agent and/or the new registered offi	ce address her	
Name of New Registered Agent:	DILMAR	A. VIllEGAS
New Registered Office Address:		Verwoods CIV, FL 32825 Enter Florida street address
	OKlan	Liv , Florida 32825 City Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	·
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete ered agent as p gistered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
		Dif-7 Villes
	If Chai	nging 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
MGR	BILOHA, OLGAL		🗆 Add
		1190 Palos VERDE Dr.Orkando FL 32825	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			🗆 Remove
			_□ Change
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			_ Remove
			Change
		ALLA	_D Add S 22 2 Emrove
		So S	Etermove Change
		7.0% 	Add The A
			_□.Remove
			_ Change

). If ame	ding any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)	
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(If an effect Note: I	e date, if other than the date of filing: (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil the date inserted in this block does not meet the applicable statutory filing requirements, this date's effective date on the Department of State's records.	ing.) Pursuant to 603	5.0207 (3 ed as th
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n. on the earli	er of:
Dated _	07/19 2017. Del 7 Unileros.	2017 (ALI	
	Signature of a member or authorized representative of a member	JUL 24 DRE IGHY AHASSI	
	DILMAR A. VILLEGAS Typed or printed name of signee		
		PN 3: 47	in the second
	Page 3 of 3	84. 5	

Filing Fee: \$25.00