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(Re	equestor's Name)	
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D. SCOTT MAY 2 2017

COVER LETTER

TO: Registration Se Division of Cor					
	AINTING AND PRESSURE C	LEANING			
SUBJECT:	Name of Lim	nited Liability Company	у		
	Amendment and fee(s) are sub	·			
riease return an correspo	CESAR A. MARTINEZ	to the following.			
	 ,	Name of Person	n		
		Firm/Company	,		
	_				
	cemarpaintingandpressurecl	City/State and Zip Cleaning@aol.com	Code		
		to be used for future ar	inual report notific	cation)	
For further information c	oncerning this matter, please ca	all:			
CESAR A. MARTINEZ		561 at (853 5190		ZS =
Name o	f Person	Area Code	Daytime 1	Telephone Number	FIL AR 2 CRETAR CAHAS
Enclosed is a check for the	ne following amount:				A 28 PH ARY OF S ASSEE, FI
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	ру	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & -

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEMAR PAINTING AND PRESSURE CLEANING, I	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
CEMAR PAINTING, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
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 offi registered agent and/or the new registered office address here:		he name of the new
Name of New Registered Agent:		ECRET R
New Registered Office Address:	Enter Florida street address F	LED 28 PH
New Registered Agent's Signature, if changing Registered Agent:	City	Sign Code:
		سننت

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, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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Filing Fee: \$25.00