L16000136479

(Requestor's Name)	_
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(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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COVER LETTER

	Registration Sed Division of Corp							
CHDIEC								
SUBJEC	.1:	Name of Limited Liability Company						
The enclo	will correspondence concerning this matter to the following: WILLIAM ORTIZ JR Name of Person Firm/Company 12009 SW 110TH ST. CIR E Address MIAMI, FL. 33186 City/State and Zip Code ZITROPAINT@GMAIL.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call:							
Please ret	urn all correspor	ndence concerning this matter	to the following:	Code Innual report notification) 357-1022 e Daytime Telephone Number Fee & \$60.00 Filing Fee,				
		WILLIAM ORTIZ JR						
			Name of Person					
			Firm/Company					
		12009 SW 110TH ST. CII	RE					
			Address					
		MIAMI, FL. 33186						
			City/State and Zip Code					
		·	·	cation)				
For furthe	r information co	ncerning this matter, please ca	all:					
WILLIA	M ORTIZ JR							
•	Name of	Person		Telephone Number				
Enclosed	is a check for the	e following amount:						
□ \$25.0	0 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



August 18, 2016

WILLIAM ORTIZ JR 12009 SW 110TH ST CIR E MIAMI, FL 33186

SUBJECT: ZITRO PAINTING, LLC

Ref. Number: L16000136479

We have received your document for ZITRO PAINTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

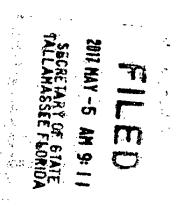
The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00017466



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZITRO PAINTING, LLC				
(Name of the Lin	ited Liability Com (A Florida Limited	pany as it now appears on our I Liability Company)	records.)	
The Articles of Organization for this Limited	and assigned			
Florida document number L16000136479	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
ZITRO PAINTING & MAINTENANCE, LLC	•	,		
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designatio	"LLC" or the abbreviation "L.IC."	٠.
Enter new principal offices address, if appli	cable:	N/A	1AL 281	
(Principal office address MUST BE A STREET ADDRESS)			222 3	1 }
				ICHON .
			33.5	Territory.
Enter new mailing address, if applicable:		<u>N/A</u>	27.5	= -
(Mailing address MAY BE A POST OFFICE	BOX)		04 9	
	•			
B. If amending the registered agent and			cords, enter the name of the n	<u>ew</u>
registered agent and/or the new registered of	office address he	<u>re</u> :		
	27/4			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida strect	address	
			_, Florida	
		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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** _□ Add _□ Remove □ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

JUST AMENDING THE NAME (OF THE LLC	sheets, if necessary.)	
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n effective date, it bitter than the date in effective date is listed, the date must be sp	of filing:	han 90 days after filing.) Pursuant to	o 605.0207 (3)(b)
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cument's effective date on the Departit	ment of State's records.		
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record specifies a delayed effe The 90th day after the record i	ective date, but not an effective time is filed.	e, at 12:01 a.m. on the e	arner or:
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Filing Fee: \$25.00