## 116000197044

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## **COVER LETTER**

(11.15 *** 63/2)	R PAINTING LLC		
SCDJECT:	Name of Lin	aited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexander Acosta		
		Name of Person	
		Firm/Company	<del></del>
	911 Almeria Rd		
	West Palm Beach, FL 334	Address 05	
	acostatransports@gmail.com	City/State and Zip Code n	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Alexander Acosta		561 2255620 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

ECHELON PAINTING LLC	77	T' Y	
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our recorda Limited Liability Company)	<u>as.</u> )	
The Articles of Organization for this Limited Liability Florida document number L16000197044	Company were filed on 10/25/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
A&C Acosta Transportation Services LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		25 15 	
(Principal office address MUST BE A STREET ADD	ORESS)		
	<del></del>	37 ==	
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of th	
Name of New Registered Agent:			
New Registered Office Address:	<del></del>	·	
	Enter Florida street address		
		lorida	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Claudia Acosta	911 Almeria Rd West Palm Beach FL 33405	<b>□</b> Add
			□ Remove
			Change
MGR	Alexander Acosta	911 Almeria Rd West Palm Beach FL 33405	
			Remove
			Change
			□ Add
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•		- <u>53</u>		
(If an ef Note:	ve date, if other than the date of filing:			
	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on	the e	arlier of:
Dated	7/22/19			_
	Signature of a member or authorized representative of a member			
	( Nexmoder Ocosta	_		

Page 3 of 3

Filing Fee: \$25.00