## L16000229948

(Requestor's Name)	
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700296246927

03/15/17--01008--014 \*\*25.00

THE IS AND 53

HAR 16 2017 J. HARRIS

## COVER I ETTER

T	Division of Corp			
st	UBJECT: MILL		Clinting Service  dited Liability Company	es uc.
Th	e enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Plo	ease return all correspon	dence concerning this matter	to the following:	
		Michae	Name of Person	<del></del>
			Firm/Company	
	,	4318 SW	10 ST Address	
		Miami,	7C 3313U City/State and Zip Code	
		Joseph 439 E-mail address: (	50 Egyal) . Cor to be used for filture annual report notif	rication)
Fo	r further information co	ncerning this matter, please co	all:	
	Michael Name of	Person	at (780) 380 S Area Code Daytime	235 Telephone Number
En	closed 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 32361

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mive & Mive Painti	my Services UC.	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12 21/2016	and assigned
in is amendment is submitted to amend the following:  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."  Inter new principal offices address, if applicable:  ABIN SW 10 ST  WIGMI, 70 33124  COMP ACCURES  Inter new mailing address, if applicable:  Address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:  Name of New Registered Agent:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	of Organization for this Limited Liability Company were filed on 12 21/2015 and assigned ment number 1000229548  ment is submitted to amend the following:  thing name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	4318 SW 10 ST	
(Principal office address MUST BE A STREET ADDRESS)	MiaMI, 7633134	
	(Same address)	7 
	,	25 27 m
Enter new mailing address, if applicable:		ਯ ਹੋੜ੍ਹੀ
==( <u></u>		3 3 9 D
		<b>9</b> 32
		2 2
(A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 12 21 20 and assigned Fioritia document number 100022 9548  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)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:		
	·	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
-	Enter Florida street 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

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 **Title** Name Address **Type of Action** Michael T. Weber AMBR Miami, 76 33134 □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add **□** Remove ☐ Change □ Add ☐ Remove ☐ Change

-			<del> </del>
		·	
	<del></del>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
			<del></del>
		_ ,	
		······································	
			<u> </u>
			-
ste: If the date inserted in this	nust be specific and cannot be prior to date of	(eptional) filling or more than 90 days after filing.) Pursu utory filing requirements, this date will n	ant to 605.020 tot be listed a
record specifies a delay The 90th day after the r		fective time, at 12:01 a.m. on th	
			M AR
ited March 13			27
			- <del></del>
	Signature of a member or authorized rep		<b>F</b> 5

Page 3 of 3

Filing Fee: \$25.00