17000016900

(Ro	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FILED

SECRETARY OF STATE
AND ASSEE FLORIDA

D. SCOTT APR 5 2017

COVER LETTER

TO: *Registration Sec Division of Corp			
	Γ& GENERAL SERVICES L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	FABIO TEIXEIRA		
		Name of Person	
	FTX PAINT & GENERAI	L SERVICES LLC	
		Firm/Company	
	4932 Eaglesmere Drive,		
		Address	
	Orlando Fl, zip 32819		
		City/State and Zip Code	
	taxandmore7@gmail.com		or and the second secon
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	TALL TALL
FABIO TEIXEIRA		321 527-8872 at ()	題為五
Name of	Person	Area Code Daytime	Telephone Number 2000 3 日 7 日 7 日 7 日 7 日 7 日 7 日 7 日 7 日 7 日
Enclosed is a check for the	e following amount:		Service Servic
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 2 Sectio

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

FTX PAINT & GENERAL SERVICES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2017}{1}$ and assigned Florida document number L17000016900 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 "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: FABIO TEIXEIRA Name of New Registered Agent: 4932 Eaglesmere Drive, New Registered Office Address: Enter Florida street address ORLANDO 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	FABIO TEIXEIRA	4932 Eaglesmere Drive, Orlando, FL 32819	
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n effective date is listed, the date must ote: If the date inserted in this bl	st be specific and cannot be p ock does not meet the an	prior to date of filing on Indicable statutory f	or more than 90 days afte	r filing.) Pursuant to 605.02(is date will höt be t ist ed a
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				STATE FLORID
record specifies a delayed	d affective date but	not an effective	e time at 12:01	യ നൂട്ട a m on the earlier
The 90th day after the rec	ord is filed.	not an enectiv	e aine, at 12.01	ann, on the camer (
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ted February 28	2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00