## L17000019608

(Requ	estor's Name)
(Addre	ess)
··· (Addre	ess)
(City/s	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fill	ing Officer:
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Office Use Only



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SEGRETARY OF STATE

## COVER LETTER

Division of Corporations	
SUBJECT: Micanda Painting LLC Name of Limited Liability Company	
<b>↓</b>	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARCO FSPINOZA Name of Person	
Firm/Company .	
11538 NW China Daw Son NO	
City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:    Jesus Misan da	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status    \$30.00 Filing Fee Certificate of Status   \$55.00 Filing Fee Certified Copy (additional copy is enclosed)   \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)   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
Clition Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Micanda Pari	Company as it now appears on our	unanuda )
(A Florida Li	imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000 [ 4608</u>	npany were filed on	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u> </u>	
•	And the State of t	
Enter new mailing address, if applicable:		LRE IN THAY
Mailing address MAY BE A POST OFFICE BOX)		SSE 5 F
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addresses.		ecords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	adduse
•	Enter riorida street	uauress
	. City	, Florida Zip Code
`	. City	гір Соав

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

MGR = Manager

AMBR = Authorized Member

. Title	Name	Address	Type of Action
+ MBR	Mario Esperoza	1138NW China Dawson	
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Filing Fee: \$25.00