

Office Use Only



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## **COVER LETTER**

TO: Registration Division of C	Section Corporations
	AINTING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	MIGUEL A. YEPEZ
	Name of Person
	MRG PAINTING LLC
	Firm/Company
	6530 NW 115TH LANE
	Address
	ALACHUA, FLORIDA 32615
	City/State and Zip Code
	mrgpainting3@gmail.com  E-mail address: (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
MIGUEL A YEPEZ	404 406-4195 .
	e of Person Area Code Daytime Telephone Number
	r the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRG PAINTING LLC				
(Name of the Lin	ited Liability Comp (A Florida Limited	oany as it now appears on o Liability Company)	ur records.)	
he Articles of Organization for this Limited	Liability Compan	y were filed on 02/03/20	17	and assigned
lorida document number L17000027980				
nis amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited lia	bility company here:		
ne new name must be distinguishable and contain the	words "Limited Liab	sility Company," the designat	tion "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)		_	
nter new mailing address, if applicable: <u>Iailing address MAY BE A POST OFFICE BOX</u> )		MRG PAINTING LLC	<del></del>	
	ALACHUA, FLORIDA 32615			
. If amending the registered agent and egistered agent and/or the new registered of	office address he	<u>re</u> :	records, enter th	e name of the
Name of New Registered Agent:	MIGUEL A Y	EPEZ		
New Registered Office Address:	6530 NW 115			
		Enter Florida stre	vet address	
	ALACHUA		, Florida <sup>32615</sup>	<u>ن</u> نا الله الله الله الله الله الله الله ا
		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.

The 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>	<u>Address</u>	Type of Action
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i effect <u>te:</u> It`	ave date is his the date ins	ted, the date erted in thi	must be speci s block does	fic and canr inot meet	not be prior the applic	to date of til able statute	ing or more ory filing re	han 90 days quirements	after filing.; . this date:	Pursuant to ( will not be I	605,020 listed a
rumen	t's effective	date on the	e Departmer	nt of State	s records.						
reco	rd specifi	es a dela	yed effect	ive date	, but no	t an effe	ctive time	e, at 12:	01 a.m. (		rlier o
ne 9	Oth day a	fter the r	record is f	iled.							<u> </u>
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Typed or printed name of signee

Filing Fee: \$25.00