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## **COVER LETTER** -

TO: Registration Section   Division of Corporations	
SUBJECT: TWO NO.	tions Painting & Home Improvement UC
	Name of Limited LiabiHty Company
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.
Please return all correspondence on	ncerning this matter to the following:
	Carolina Torres Name of Person
	Name of Person
	Torrei Servius Corp Firm/Company
<u></u>	00 S Federal Hwy ste 207
-	Derfield Beach, R 33441  City/State and Zip Code
<u>,                                    </u>	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Karolina To	res at (561) 562-0814 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	 permount:
	00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, rtificate of Status
MAILING ADD	
Registration Sect Division of Corp	
P.O. Box 6327 Tallahassee, FL 3	Clifton Building
	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

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(Name of the Limited Liability Company as it now appears on our records.)
[] (A Florida Limited Liability Company) UA The Articles of Organization for this Limited Liability Company were filed on \_\_()&|&2 Florida document number 170000 41562 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: Enter Florida street address \_. Florida 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> **Address** Name 17453 SW 19th St Agust n Mata AMBR □ Add Miramar, FL 33029 **□** Remove ☐ Change \_□ Add □ Remove ☐ Change DRIC Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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an eff	ive date, if other thar fective date is listed, the dat	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
ote:	If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
e rec	cord specifies a del	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
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atad	December	11/19 2017
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	مانات .	Signature of a member or authorized representative of a member
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		Page 3 of 3
		Filing Fee: \$25.00