

L17000061692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

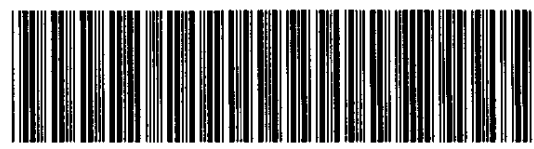
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2017
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

M & L CONSTRUCTION E PAINTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCELLO M. LAURO VIEIRA

Name of Person

M & L CONSTRUCTION E PAINTING LLC

Firm/Company

2137 LAKE DEBRA DRIVE, UNIT 1824

Address

ORLANDO, FL 32835

City/State and Zip Code

paintingservicesorlando17@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person _____ at (_____) _____
Area Code Daytime Telephone Number

Enclosed 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 32301

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

M & L CONSTRUCTION E PAINTING LLC

(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 03/17/2017 and assigned
Florida document number L17000061692.

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:

2137 LAKE DEBRA DRIVE, UNIT 1824

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835 US

Enter new mailing address, if applicable:

2137 LAKE DEBRA DRIVE, UNIT 1824

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835 US

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:

MARCELLO M. LAURO VIEIRA

New Registered Office Address:

2137 LAKE DEBRA DRIVE, UNIT 1824

Enter Florida street address

ORLANDO

City

Florida

32835

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.

X
If Changing Registered Agent, Signature of New Registered Agent

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17 AUG 28 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	PIRES, LIDIANE L, SRA	ADEMAR DE BARROS	<input type="checkbox"/> Add
		STREET 9 - KUBSTCHEK	<input checked="" type="checkbox"/> Remove
		GUARAPARI, ES 29000-200 BR	<input type="checkbox"/> Change
AMBR	MARCELLO M. LAURO VIEIRA	2137 LAKE DEBRA DRIVE,	<input checked="" type="checkbox"/> Add
		UNIT 1824	<input type="checkbox"/> Remove
		ORLANDO, FL 32835 US	<input type="checkbox"/> Change
AMBR	LIDIANE TEIXEIRA PIRES	2137 LAKE DEBRA DRIVE,	<input checked="" type="checkbox"/> Add
		UNIT 1824	<input type="checkbox"/> Remove
		ORLANDO, FL 32835 US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

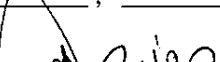
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TALLAHASSEE, FLORIDA

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17 AUG 28 AM 74 BY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/25, 2017

06/23 _____, 2017 _____



Signature of a member or authorized representative of a member

MARCELLO M. LAURO VIEIRA

Typed or printed name of signee