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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	cinarac Anico	ited Liability Company	46
	Manie Of Chit	пен главину Соправу	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	<u>Jefter</u>	Name of Person)
		Firm/Company	
	7820 Col	ony Cir S, Aff	t 202
	+congres	City/State and Zip Code Sa Cod out lock to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (i	Sa (C) OUT lock to be used for future annual report notif	COM fication)
For further information	concerning this matter, please ca	all:	
Name	/ Son of Person	at (154) 464 Area Code Daytime	253 4 e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF S
Tamarox America Services LLC Pig E
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ند این
The Articles of Organization for this Limited Liability Company were filed on and assigned of
Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Alvarez Goorez Painting LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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:
Enter new manning address, it appricable.
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida
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.

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_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			🗀 Add
			□Remove
			□Change

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. . . .

If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)

_	
	
 	
(If an effective date <u>Note:</u> If the da	, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated	1-11-2020 The
	Signature of a member or authorized representative of a member
	Jefferan Alvarez Typed or printed name of signee

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Filing Fee: \$25.00