L17000117448

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COVER LETTER

TO:	Registration Se Division of Cor					
BUENAVENTURA PAINTING & REMODELING SERVICES LLC						
SUBJ	ECT:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		CARLOS E CHIRI CABA	LLERO			
		1/LEFE 10	Name of Person	<u>-</u>		
BUENAVENTURA PAINTING & REMODELING SERVICES LLC						
	Firm/Company					
5924 LONGBOW LANE 7						
			Address			
		WEST PALM BEACH, FI	L 33415			
			City/State and Zip Code		2	
	joemarvending@gmail.com E-mail address: (to be used for future annual report notification)					
For fu	orther information c	E-mail address: (•	ASS	ÜL 10	FILED
CARI	.OS E CHIRI CAF		561 667-0877 at ()	E. C.	> —a5-	D
	Name o	f Person	Area Code Daytime	Telephone Number	: 12	
Enclo	sed is a check for the	he following amount:				
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified (additional c	e of Stat Copy	us &

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

BUENAVENTURA PAINTING & REMODEL		
(Name of the Limited Liability C. (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on 05/30/2017	and assigned
Florida document number L17000117448		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
BUENAVENTURA PAINTING LLC		
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		<u> </u>
		רניא דו
Enter new mailing address, if applicable:		AHA,
Mailing address MAY BE A POST OFFICE BOX)		SSE SSE
		- See
 If amending the registered agent and/or register registered agent and/or the new registered office addres 		ecords enter the name of the
egistered agent and/or the new registered office addres	<u>s ucre</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street	t 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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fective date, if other than the neffective date is listed, the date m	e date of filin	ig:	er to data of filin	a or more than 90	(option	nal)	
te: If the date inserted in this to cument's effective date on the	block does not	meet the appli	cable statutory				
record specifies a delaye The 90th day after the re			ot an effect	ive time, at	12:01 a.	m. on	the earlier
JUNE 15TH		2017					
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Typed or printed name of signee

Filing Fee: \$25.00