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(Requestor's Name) (Address) (Address)	800331972398
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	07/19/1901017005 *+25.00
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COVER LETTER

TO: Registration Section Division of Corporations

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Alcala Painting Services LLC

SUBJECT:

.

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:

Oscar E Neira

Alcala Painting Services

Firm/Company

Name of Person

12515 Tattersall Park Lane

Address

Tampa, FL 33625

City/State and Zip Code

oscarneira4685@gmail.com

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

954

Area Code

at (_____

235-6920

For further information concerning this matter, please call:

Monica Naranjo

Name of Person

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 tadditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Davtime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alcala Painting Services 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 Li Florida document number <u>L17000138644</u>	ability Company were file	ed on 06/26/2017	and assig	gned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	f the limited liability com	pany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	ny," the designation "LLC" or the abbr	reviation "L.L.	.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
				<u> </u>
Enter new mailing address, if applicable:	.		<u>:=!</u>	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
			<u> </u>	
			61	
B. If amending the registered agent and/ registered agent and/or the new registered of		iress on our records, <u>enter ti</u>	he name of	-
registered agene and of the new registered of	<u>nee addreas nere</u> .		12	_/
Name of New Registered Agent:	Monica Naranjo			
New Registered Office Address:	12515 Tattersall Park La	ne		
	· · · · · ·	Enter Florida street address		
	Tampa	, Florida <u>3362</u>	:5	
	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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Monica Naranjo	Address 12515 Tattersall Park Lane	Type of Action
VP			🛢 Add
		Tampa, FL 33625	
			Remove
			Change
Р	Oscar E Neira	12515 Tattersall Park Lane	
		Tampa, FL 33625	Add
			C Remove
			Change
			🗖 Add
			_
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🛛 Add
			Remove
			Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 15	2019
	Minien Name
	Signature of a member or authorized representative of a member
Monica Naranje	
<u></u> , <u></u> ,,	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00