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COVER LETTER

Division of Co			
SUBJECT:		Painting, LL	- C
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Denise	Name of Person	
	Level 5	Painting L Firm/Company	LC.
	PO BOX	972262 Address	
	miami Level 5 f	City/State and Zip Code	Qamail. Em
For further information of	E-mail address: (I	to be used for future annual report not	incariony
Denise	Jani2.	at (305) SO Area Code Daytin	
Enclosed is a check for t	he following amount:	J	
□ \$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

(Name of the Limited	Liability Company Florida Limited Lia	as it now appears or bility Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number 17000 16 This amendment is submitted to amend the follow	7793	ere filed on 8	17 2	2017	and assigned
A. If amending name, enter the new name of 1	he limited liabili	ty company here:			4 . 179
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the desig	nation "LLC"	or the abbrev	riation "LL.C."
Enter new principal offices address, if applical	ble:	40 NU	v 2°	<u>3 t u </u>	
(Principal office address MUST BE A STREET	ADDRESS)	Apt. Homest	1 ead E	1 37	3030
Enter new mailing address, if applicable:		40 NW	<u>)</u> 2 3	<u>st</u>	·
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	Apt. Homes	1 tend	FI	33030
B. If amending the registered agent and/or registered agent and/or the new registered offi	_	ce address on ou	ır records,	enter the	name of the new
Name of New Registered Agent:	Jean	inie O	<u>rdia</u>	les.	
New Registered Office Address:	WN CP	2 ST Enter Florida	A street address	Pt,	
	Homest	-ead	, Flor	rida <u>3</u>	303) Zip Code
Naw Pogistared Agent's Signature if shonging Da	gistored Agents				

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 = Manager AMBR = Authorized Member Title Type of Action Name <u>Address</u> MGR Jeynnie Ordiales. 40 NW 2 St Home Stead Fl 33030 Apt. 1 ☐ Change □ Add ☐ Remove ☐ Change MGR. Denise Vaniz 18503 Tif Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove

☐ Change

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V	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not and the 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
ed 3/29/10 , 2018.	
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Filing Fee: \$25.00