

L17000203624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

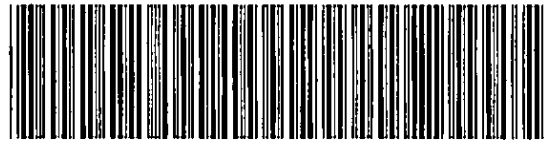
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2019 MAR 26 PM 2:53
SECRETARY OF STATE
MAIL ROOM

T.G.
3/28/19

COVER LETTER

Letter Number
519A00004015
02/26/2019

TO: Registration Section
Division of Corporations

SUBJECT: GOMEZ & SAENZ HOME INVESTMENTS 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:

MONICA P. SAENZ

Name of Person

ULTRA PAINTING, LLC

Firm/Company

1442 WESTBURY DR

Address

CLERMONT, FL 34711

City/State and Zip Code

MONICAHAMON@HOTMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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AND
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For further information concerning this matter, please call:

MONICA SAENZ

352 638-2127
at ()

Name of Person

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**

GOMEZ & SAENZ HOM INVESTMENTS 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 10/02/2017 and assigned
Florida document number L17000203624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ULTRA PAINTING, LLC

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)

1442 WESTBURY DR

CLERMONT, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1442 WESTBURY DR

CLERMONT, FL 34711

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TALLAHASSEE, FLORIDA

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: MONICA P. SAENZ

New Registered Office Address: 1442 WESTBURY DR

Enter Florida street address


CLERMONT, Florida 34711

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS Y. GOMEZ	104450 SW STEPHANIE WAY	<input type="checkbox"/> Add
		APT 202	<input checked="" type="checkbox"/> Remove
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Change
MGRM	LUIS Y GOMEZ	1442 WESTBURY DR	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MONICA P. SAENZ	104450 SW STEPHANIE WAY	<input type="checkbox"/> Add
		APT 202	<input checked="" type="checkbox"/> Remove
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Change
MGRM	MONICA P. SAENZ	1442 WESTBURY DR	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
141 MIAMI STREET, 14TH FLOOR
MIAMI, FL 33131

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

NONE

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AND
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SECRETARY OF STATE
AT LANSING, MICHIGAN

02/801/2019

E. Effective date, if other than the date of filing: _____ (optional)

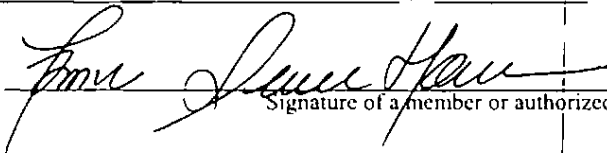
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated FEBRUARY 2, 2019



Signature of a member or authorized representative of a member

MONICA P. SAENZ

Typed or printed name of signee