

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

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end in	BEAR'S P.	AINTING SOLUTION & HO	ME SERVICES LLC	
SUBJE	3C1:		nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DIEGO ANDRES BORSE	EGUI ROMERO	
			Name of Person	
		BEAR'S PAINTING SOL	UTION & HOME SERVICES LLC	2
			Firm/Company	
	BEAR'S PAINTING SOLUTION & HOME SERVICES LLC Firm/Company 4440 SW ARCHER RD APT 927 Address GAINESVILLE, FL 32608 City/Ntate and Zip Code DABRIEL54@GMAIL.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: DEL Name of Person Area Code Daytime Telephone Num Area Code Certificate of Status Certified Copy (Certificate of Status) Certified Copy (Certificate Copy) (Certificate Certified Copy) (Certificate Certificate Certi			
			Address	<u></u>
		GAINESVILLE, FI. 32609	8	
			City/State and Zip Code	-
			·	fication)
For furt	her information c	oncerning this matter, please co	all:	
GABRI	<u>-</u>		352 7770634 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
	•			
Enclose	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

• 1 2

TO:

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

2017 OCT 23 PM 2:38

BEAR'S PAINTING SOLUTION & HOME SERVICES LLC

(Name of the Limited L

The Articles of Organization for this Limited L	iability Company were filed on	10/11/2017 and assigned
Florida document number <u>L17000210416</u>		
This amendment is submitted to amend the foll	owing:	
•		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
:		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	 =	
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 o	ffice address here:	!
CNL Davidraged Agent	DIEGO A BORSEGUI ROMEI	RO
Name of New Registered Agent:	4440 SW ARCHER RD APT 9	27
New Registered Office Address:		lorida strevt address
	GAINESVILLE	, Florida 32608
	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>	Address	Type of Action
AMBR	DIEGO ANDRES B ROMERO	4440 SW ARCHER RD APT 927	□ Add
		GAINESVILLE. FL 32608	■ Remove
			☐ Change
AMBR	DIEGO A BORSEGUI ROMERO	4440 SW ARCHER RD APT 927	■ Add
		GAINESVILLE, FL 32608	Remove
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Effective date, if other than the date of filing: [If an effective date is is issed, the date must be specific and cannot be prior to date of filing or more than 90 days rather filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated At Taber 18th 2017 Signature vira member-resulteriese representative of a member.			11 3.
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Signature of a member of authorized representative of a member	Date	a October 18th 2017.	;
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Filing Fee: \$25.00