L17000212070

(Ke	questor's Name)	
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2019 JUN -3 AM 8: 47

C. GOLDEN JUN 21 2019

COVER LETTER

TO: Registration Security Division of Con			
AND DESCRIPTION OF THE PARTY OF	g Professionals, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Reyes		
		Name of Person	
	JV Painting Professional, I	LLC.	
		Firm/Company	
	831 Hanford Dr		
		Address	
	Deltona, FL 32738		
	 	City/State and Zip Code	
	customer.service@flinsurar		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Daniel Reyes		407 4023400 at ()	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)

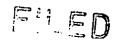
MAILING ADDRESS:

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



JV Painting Professionals, LLC.

2019 JUY - 3 AH 8:

(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 Liabi	No. Company was filed at 10/13/2017	and nationed
		and assigned
Florida document number L17000212070	 ·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	N
-		orida
	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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Evelin Santos Diaz	831 Hanford Dr Deltona, Florida 32738	
			Remove
			□ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
		Change	
			Remove
			Change

	
 	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	o ptional) after filing.) Pursuant to 605.0207 (3 3, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:00. The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated May 29 2019	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Daniel Reyes Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00