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MR 10 JUIS U ECOCE

COVER LETTER

TO: Regis	stration Sec ion of Corp	tion orations				
	Name Chang	ge/Correction				
SUBJECT: _		Name of Lim	ited Liability Company			
		mendment and fee(s) are sub	-			
		Olga Miranda				
			Name of Person	·		
PROCOM COMMERCIAL PAINTING LLC						
			Firm/Company	 -		
	2900 NW 130 AVE #402					
			Address	<u> </u>		
		SUNRISE, FLORIDA 333	23		2018 SEC TALL	
			City/State and Zip Code		AUG CRED	_
			to be used for future annual report notifi	cation)	SSE YNY YNY	
For further info	ormation co	ncerning this matter, please ca	all:			
OLGA MIRA	NDA		305 965-6055		2: 1.2 0RIDA 0RIDA	
	Name of I	^o erson		Telephone Number	⇒ 5 10	
Enclosed is a c	heck for the	following amount:				
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & y	

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

PROCOM COMERCIAL PAINTING		
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on OCTOBER 16, 2017	and assigned
Florida document number 1.17000213195	······································	
This amendment is submitted to amend the following	ig:	
A. If amending name, enter the new name of the	limited liability company here:	
PROCOM COMMERCIAL PAINTING LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, enter	the name of the new
The second secon	BOOTESS RETE.	Fro N
Normal of Nicola Demission of America		- E. S
Name of New Registered Agent:		- 출발 중 7
New Registered Office Address:		S
	Enter Florida street address	mic a
	. Florida	Ell 🕏 🕕
_	City	Zau Side
New Registered Agent's Signature, if changing Regis	tered 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 <u>Name</u> Address **Type of Action** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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E. Effective date, if other t	han the date of filing:			(optional)		
(If an effective date is listed, the Note: If the date inserted	in this block does not meet	t the applicable st	of filing or more than atutory filing requir	90 days after filing.) I	Pursuant to 605.09 vill not be listed	207 (3)(t as the
document's effective date	on the Department of State	e's records.				
f the record specifies a b) The 90th day after	delayed effective date the record is filed.	e, but not an o	effective time, a	at 12:01 a.m. o	n the earlier	of:
DatedAUGUST I		2018				
		Odd				
	Signature of a men	nber or authorized r	epresentative of a me	mber		
	OLGA MIRANDA	,				
	Ty	ped or printed name	of signee			

Page 3 of 3

Filing Fee: \$25.00