L17000 213 195

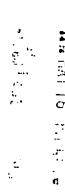
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700327613667

04/16/19--01025--022 **43.75





COVER LETTER

SUBJECT:		IERCIAC PAI	INTING LLC
			1 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
The enclosed Artic	eles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all ec	orrespondence concerning this matter (o the following:	
	_		
	TROCOM C	SIMMERC (A)	C PAINTING
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ALEXANDER MIRANDA Name of Person PROCOM COMMENCIAC PAINTING Firm/Company 3640 N.W. 9 ST # 409 Address MIRANDER COMPAINTING EQUAL COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: ACCANDER MIRANDA at 305 Name of Person Area Code Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations		
	MIAMI FO	A 3312 City/State and Zip Code	5
For further informa			rt notification)
ALGKA	Name of Person	at 305) 7	81-4786 Paytime Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing I		Certified Copy	Certificate of Status & Certified Copy
F 1	Registration Section	Registration 8	Section forporations

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROCOM COMMERCI	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Gability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000213195</u> .	were filed on 10-16-2017 and assigned:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3640 N.W 9TH ST #409 MIAULI FLA 33125
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3640 NW 9TH ST #409 WIAMI FL 33125
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our records, enter the name of the new \underline{e} :
	INDER MIRANDA
	NW. 9TH ST#409 Enter Florida street address
<u>Miau</u>	City Florida 33125 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	mp cont

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
P	OLGA WITTANDA	2900 N.W. 130 AUE	
		#402	Remove
		SUNRISE FLORIDA 3	33 <i>3.2.</i> 3 Change
P	ALEXANDER WIRAND	1 3640 NW. 95T	X Add
		#409	□ Remove
		MIANN FLA 33120	□ Change
<u>MGR</u>	ALEXANDER WIRLANDA	3640 NW. 95T	Add
•		#409	Remove
		MIANI FLA 33125	□ Change
			🗆 Remove
			Change
			□ Remove
			Change
			□ Remove
•			□ Change

ن	
-	
-	
-	
-	
-	
-	
-	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
-	
-	
-	
ffect	ive date, if other than the date of filing: (optional)
an eii	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	May 10 . 2019.
accu	
	(SM
	Rignature of a member or authorized representative of a member OLGA MI ZANDA Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00