17000)238548

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600314051156

06/06/18--01001--028 *+25.00

N COOPER JUN 0 7 2018

COVER LETTER

	Registration/Sec Division of Corp					
erin irz		CUSTOM PAINTING LLC				
SUBJEC	T:		ited Liability Company			
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspoi	idence concerning this matter	to the following:			
		MUNIZ, MICHAEL				
			Name of Person			
	STERLING CUSTOM PAINTING LLC					
			Firm/Company			
		310 SUN DIAL CT				
			Address			
		COCOA, FL 32926				
			City/State and Zip Code			
		sunbiz@shahaccountingcpa				
		li-mail address: (to be used for future annual report notifi	cation)		
For furth	er information co	oncerning this matter, please ca	all:			
SHAH.	ANSHUL		407 781 - 9806			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	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

STERLING CUSTOM PAINTING			and A	
(<u>Same of the Limite</u>	A Florida Limited I	Liability Company)	recoras.)	
The Articles of Organization for this Limited Lia Florida document number L17000238548	ability Company	were filed on 11/17/2017	and ass	igned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company." the designatio	n "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applica	310 SUN DIAL CT			
Principal office address MUST BE A STREET	ited Liability Company," the designation "LLC" or the abbreviation "LLC." 310 SUN DIAL CT COCOA, FL 32926 4 COCOA, FL 32926 5 COCOA, FL 32926 6 COCOA, FL			
			<u></u>	71STC
Enter new mailing address, if applicable:		310 SUN DIAL CT	2 - 6	X 0년 CU 보고 보고 기계 (1)
(Mailing address MAY BE A POST OFFICE BOX)		COCOA, FL 32926	A	- 45 CT
				<u> </u>
			ယ်	3 .
B. If amending the registered agent and/oregistered agent and/or the new registered off	• •		ecords, enter the name	of the ne
registered agent and/or the new registered on	nce address ner	<u>c</u> .		
Name of New Registered Agent:	MUNIZ, MICI	IAEL		
New Registered Office Address:	310 SUN DIAI	I. CT		
	and a second sec	Enter Florida stree	address	
	COCOA		Florida <u>32926</u>	
		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
MGRM	MUNIZ, EZEQUIEL A	8813 VILLA VIEW CIRCLE APT	
		ORLANDO, FL 32821	■ Remove
			☐ Change
MGRM	MUNIZ, MICHAEL	310 SUN DIAL CT	■ Add
		COCOA, FL 32926	Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change

			 .			
·				 -	<u>_</u>	
			_		<u>-</u> ,	
	_					<u> </u>
-				<u> </u>		
	-			- ,		NOT 8
				-		<u> </u>
				<u> </u>		σ ;
				·.		
						<u> </u>
•			•			
Iffective date, i fan effective date i	if other than the da is listed, the date must be	ate of filing: e specific and cann	ot be prior to da	e of tiling or more	(option than 90 days after fil	a1) ing.) Pursuant to 605.0
Note: If the date	inserted in this block	k does not meet t	he applicable.	statutory filing re	quirements, this d	ate will not be listed
tocument 5 cirec	tive date on the Depa	artificiti of State	s records.			
ne record spec	cifies a delayed e	effective date	. but not an	effective tim	e. at 12:01 a.r	n. on the earlier
The 90th da	y after the recor	d is filed.	, , , , , , , , , , , , , , , , , , , ,		-,	
:						
Dated	18 1, 2018	<u>ک</u>				
			,		_	
		/	-> /I ')	

Page 3 of 3

Filing Fee: \$25.00