

5/28/24, 3:58 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800004976

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: legacytaxwrpso@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M & E PAINT SOLUTIONS, LLC

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MAY 29 2024

COVER LETTER

11240001886723

TO: Registration Section
Division of Corporations
M & E PAINT SOLUTIONS, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

Name of Person

COUCELO ASSOCIATES INC

Firm/Company

1818 S AUSTRALIAN AVE SUITE 230

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO

Name of Person

561 683-3000
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

M & E PAINT SOLUTIONS, LLC

(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 Liability Company were filed on 01/05/2018 and assigned
Florida document number L18000004976.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4177 MILNER CIR APT 304

LAKE WORTH, FL 33463

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 office address here:

Name of New Registered Agent:

JHON MAURICIO POSADA

New Registered Office Address:

4177 MILNER CIR APT 304

Enter Florida street address

LAKE WORTH

City

Florida

Zip Code

33463

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDGAR H CHAPARRO	488 GLENWOOD DR	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHON MAURICIO POSADA	4177 MILNER CIR APT 304	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
If an effective date is listed, the date must be specific.

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 28 2024

Signature of a member or authorized representative of a member

JHON MAURICIO POSADA

Typed or printed name of signee

11240001886723

Filing Fee: \$25.00