11900059978

(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	s of Status
Special Instructions to	Filing Officer:	

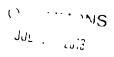
Office Use Only



200315407332

07/09/18--01009--001 *+25.00

SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor			
PERRONI SUBJECT:	PAINTING SERVICES, LLC.		
30DJLC1	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:	
	RAFAEL GRATAO PERI	RONI	
		Name of Person	
		Firm/Company	
	2011 S.W. 15TH STREET	`. APT 153	
	-	Address	
	DEERFIELD BEACH, FI	. 33442	
		City/State and Zip Code	
	RPERRONI87@GMAIL.C	OM to be used for future annual report notifi	anting
For further information c	oncerning this matter, please co	·	Catony
RAFAEL GRATAO PERRONI		561 945-1754	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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**

PERRONI PAINTING SERVICES, 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 $\frac{03/07/2018}{}$ and assigned Florida document number <u>L18000059978</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EXPERT PAINTERS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address: Enter Florida street address

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
MGR	RAFAEL GRATAO PERRONI	2011 S.W. 15TH ST., APT 153	⊟ Add
		DEERFIELD BEACH, FL 33442	□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
		 	Remove
			Change E O
			Change
		<u> </u>	
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

	<u>.</u>					
-			•	. - ·		
						
				· - ···		
						
	 					
		 -			5.30	
-				_	123 6	<u></u>
						<u>ම</u> ව
						<u></u>
						
fective date, if other than in effective date is listed, the date ote: If the date inserted in thi	must be specific and block does not r	d cannot be prior to neet the applicat	date of filing or me	re than 90 days aft		
cument's effective date on th	Department of S	State's records.				
record specifies a dela The 90th day after the i			an effective ti	me, at 12:01	a.m. on the	earlier o
JUNE 26		2018				
			-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00