118000071095

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800318699388

10/26/18--01011--014 **25.00

FILED 18 0CT 26 AH 5: 20

K. SALY NOV 8 2018

COVER LETTER

CUBICOS	,			
		ited Liability Company	<u>.</u>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Henifer Solares			
		Name of Person		
	The Solares painting	Name of Limited Liability Company Ilment and fee(s) are submitted for filing. Ilment and fee(s) are submitted		
Firm/Company				
	Amendment and fee(s) are submitted for filing. Identifier Solares Name of Person			
		Address		
	Jacksonville Beach, FL	32250		
	 	City/State and Zip Code	· · · · · ·	
	solares.painting@yahoo.	-		
	E-mail address: (t	o be used for future annual report notific	cation)	
or further information co	oncerning this matter, please ca	ill:		
Henifer Solares				
Name of	Person	Area Code Daytime	Telephone Number	
	6.11			
iclosed is a check for th	_			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

TO:

Registration Section Division of Corporations

> 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

18 OCT 25 AM 5:20

The Solares Painting LLC		- 1/	·/·//·/:
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appear ed Liability Company)	's on our records.)	AMILE TORION
The Articles of Organization for this Limited Liability Compa	ny were filed on	03/10/2010	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
If amending the registered agent and/or registered gistered agent and/or the new registered office address h		our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	ida street address	
	City	, Florida _	Zip Code
	$\subset H_{\lambda}$		гір сове

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and zpt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ii 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>	Type of Action
MGRM	Greicy A Alvarado	2617 Endeavor Ln Lot #841 Jacksonville Beach, FL 32218	
			■ Remove
			Change
			□ Add
			Remove
			Remove St. Change T. Change 26 Addrs 5.
			□ Addes 5.
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
		 	☐ Add
			Change

	 					
				·····		
						
						- 10 ×
						
						- B
						ب (الم
						97
	· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·	·		
						
 						
	··	<u> </u>				
tive date, if other tha					_ (optional)	
Tective date is listed, the da If the date inserted in (this block does not a	meet the appl	icable statutor;			
nent's effective date on	the Department of S	State's recore	ls.			
cord specifies a de	layed effective (date, but r	not an effect	tive time, at 1	.2:01 a.m. or	the earlier o
90th day after the				,		
201-1-	<i>7</i> 2	. 20	18			
1 Ktorper		, —	 ·			
October	• •	(1)	(0,0)			
Utoper	Signature of A	armor at a	thorized records	ntative of a membe		

Page 3 of 3

Filing Fee: \$25.00