

118000082536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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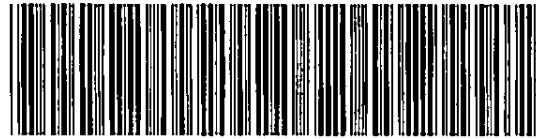
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLONIO PAINTING AND CONSTRUCTION, LLC

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:

REYNALDO GRINSTEIN

Name of Person

ARMOR ACCOUNTING

Firm/Company

9831 BEACH BLVD SUITE #7

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

REYNALDOGRINSTEIN@GMAIL.COM

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

For further information concerning this matter, please call:

REYNALDO GRINSTEIN

904

802-8356

at ()

Name of Person

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/COURIER ADDRESS:

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

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

POLONIO PAINTING AND CONSTRUCTION, 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 04-02-2018 and assigned
Florida document number L18000082536.

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)

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:

MOISES SERAFIN MONTES

New Registered Office Address:

2742 ROBERT ST.

Enter Florida street address

JACKSONVILLE

Florida 32207

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ESMAILY POLONIO CUELLO	2742 ROBERT ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOISES SERAFIN MONTES	6259 S NORCROSS TUCKER RD APT 02	<input checked="" type="checkbox"/> Add
		TUCKER, GA 30084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
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		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

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SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

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.

Dated JANUARY 2ND 2019

Signature of a member or authorized representative of a member

MOISES SERAFIN MONTES

Typed or printed name of signee