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COVER LETTER

TO:		stration Section of Corp			
SUBJEC	(*r •	OLGA HE	RNANDEZ PAINTING LLC		
SOBALA	CI		Name of Lin	nited Liability Company	
The encl	losed .	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn (ıll correspoi	ndence concerning this matter	to the following:	
			OLGA LAZO HERNAN	NDEZ	
				Name of Person	
				Firm/Company	
			1108 PENN ST		
				Address	· <u>·</u>
			LEESBURG, FL 34748		
			RUBIS.ROVIRA@WEIN	City/State and Zip Code SUREGROUP.COM	
			E-mail address: (to be used for future annual report notif	fication)
For furth	erinfo	ormanion co	ncerning this matter, please ca		
Name of Person at (352) 376-8029 Area Code Daytime Telephone Number				3029	
	•	ranc or	reison	Area Code Daytime	e Telephone Number
Enclosed	lisac	heck for the	e following amount:		
\$ 25.0	00 Fili	ing 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



June 24, 2019

OLGA LAZO HERNANDEZ 1108 PENN ST LEESBURG, FL 34748

SUBJECT: OLGA HERNANDEZ PAINTING LLC

Ref. Number: L18000103515

We have received your document for OLGA HERNANDEZ PAINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000039969 - AJ LANDSCAPING SERV LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 319A00012759

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blad Spill

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lity Company as it now appears of da Limited Liability Company)	on our records.)
Company were filed on04.	/24/2018 and assigned
nited liability company here	:
-	•
mited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
N/A	
ORESS)	
N/A	
istered office address on o dress here:	ur records, enter the name of the n
Enter Florida	street address
	. Florida
City	Zip Code
	Inited Liability Company Company were filed on

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

or remove	ng Authorized Person(s) authorized to r d from our records:		
MGR = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
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		***************************************	Remove
			Change
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			□ Remove
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			□ Change

Effective date, if other than the date of filing: (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 605.0 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and the department of state's records. The 90th day after the record is filed. Dated JULY 1 2019 Wagniture of a member or authorized representative of a member					<u>-</u>		
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		Signature of a r	nember or author	ized representativ	e of a member		
			Typed or printed	name of signee			_

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Filing Fee: \$25.00