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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	PUENTES	PAINTING LLC.				
NOBALA.	- · · ·	Name of Lin	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Picase re	turn all correspo	ondence concerning this matter	to the following:			
		MARIA PUENTES				
		PUENTES PAINTING	Name of Person			
		1604 11TH AVE W	Firm/Company			
	Address PALMETTO FLORIDA 34221 City/State and Zip Code PEDRAZARACHEL2@GMAIL.COM					
					2019 JAH - 2 F	-1
For furth	er information e	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)		
MARIA	PUENTES		901 907-1167		PH 4: 31	
	Name o	f Person	at () Area Code Daytime	Telephone Number	—————————————————————————————————————	
Enclosed	Lis a check for th	he following amount:				
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status			Certified Copy	Certified (e of Status &	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{118000135061}{10000000000000000000000000000000000$	were filed on 5/31/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019
		No
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		rds, enter the name of the
Name of New Registered Agent:		7
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

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

PUENTES PAINTING 1. L.C.

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
AMBR	CRISTINA PUENTES	680 E LINCOLN AVE LABELLE, FLORIDA 33935	B Add
			□ Remove
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neffective date is listed, the date must b te: If the date inserted in this block	e specific and cannot be pr	ior to date of filing o	r more than 90 days afte	r filing.) Pur s date will	suant to 60 not be lis	05.020 sted a
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<u> </u>	gnature of a member or au	: ·S				

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