L18000153022

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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	KV Pain+E	EX-Pertice ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Keu	Name of Person	
	KUPair	+ Expertise	, , , , , , , , , , , , , , , , , , , ,
		white Al	
	orlando	Chy:State and Zip Code Ex Pert: Se 6 o be used for future annual report n	806
	KV Paint E-mail address: (1	Ex Pertise 6	Gmail.com
	ncerning this matter, please ca	II: at (32 40 6) (Fac Area Code Days	1 2) 440 5818 ime Telephone Number
Enclosed is a check for the			
□ \$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

S. S.A.G.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	
The Articles of Organization for this Limited Liability Company	were filed on June 21 - 2018 and assigned
Florida document number <u>L18000153022</u> .	03
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	1803 white AVE orlando FL 32806.
Trincipal Office address Ares (DE A STREET ADDRESS)	KV For KV Paint Expertise, L. L.C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
And the state of t	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: Kev	in Velez
New Registered Office Address: 1703	White AVE Enter Florida street address
orlan	do FL Florido 32806

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.

City

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Pedro Duque	NO3 white AVE or bdo,	□ Add
			⚠ Remove
			Change
Marager	Kevin Velez	1803 white AUE orkudo FL 32406	DP Add
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<u>te:</u> If it	date is listed, the date mu date inserted in this b	dock does not m	neet the applic	rable statutory i				
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record	specifies a delaye	d effective d	ate but no	nt an effectiv	etime at 12	·01 am on th	ne earli	ier c
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Filing Fee: \$25.00