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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: S. M. Painting LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Veronice Garcie
	Firm/Company
	1485 S. W 18th Street
	City/State and Zip Code Therefore Pineda Comast het E-mail address (to be used for future abrusal report notification)
For fu	orther information concerning this matter, please call:
Je	Name of Person at (786) 134-3868 Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
× \$2	25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$ \$30.00 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

5. M. Painting Ll	_C	
(Name of the Limited Lability Compa (A Florida Limited L	ny as it now appears on our records.)	
	-1.1.	
The Articles of Organization for this Limited Liability Company	were filed on 115 18	and assigned
Florida document number <u>L 18000 1708</u> 25	` \	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		ಕ
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		12 (77
Mulling dadress MAT BE AT OST OFFICE BOX		
		<u> </u>
B. If amending the registered agent and/or registered of		er the name of the ne
registered agent and/or the new registered office address here	} :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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>1 itle</u>	<u>Name</u>	Address	Type of Action
MBR	Veronica Farcia	2485 5.W. 18th Street Miami, Fl 33145	D Add
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ffective date : If the dat	if other than the is listed, the date must e inserted in this blo ctive date on the De	t be specific an ock does not	d cannot be prio meet the applic	r to date of filin cable statutor;	g or more than 90 y filing requirer	(optional days after filin nents, this dat	g.) Pursuant to 605
	ecifies a delayed ay after the reco			ot an effect	tive time, at	12:01 a.m	. on the earlie
d	7/19		. 2018				
.u		//	X 2-	$\cdot (Q)$			

Page 3 of 3

Filing Fee: \$25.00

S.M. Painting LLC 2485 S.W. 18TH Street Miami, FL 33145

I Veronica Garcia state that I am the Authorized Person for S.M. Painting and Owner of such company.

Veronica Garcia

√limmy Pineda

Notary Public

JIMMY PINEDA Commission # GG 105801 Expires June 7, 2021 Borded Thru Trop Fam Insurance 800-385-7019