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#### **COVER LETTER**

TO:	Registration Se Division of Cor						
	Golden Pa	lms Painting LLC	•	•			
SUBJE	СТ:	,					
-		Name of Lim	ited Liability Company		20 %		
					20 July 22		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Nixon Zeledon					
		<del></del>	Name of Person				
		Golden Palms Painting LI	_C				
		<del> </del>	Firm/Company				
		2140 N 29th Ave Apt # 20	70				
		Address					
		Hollywood, FL 33020					
		goldenpalmspainting@gma	City/State and Zip Code		<del></del>		
		E-mail address: (to be used for future annual report notification)					
For furt	her information o	concerning this matter, please co	all;				
Nixon	Zeledon		954 629	9-4712			
	Name e	of Person	Area Code	Daytime Telepho	one Number		
Funtara	dia a shaada Gara	to Callendary					
		he following amount:	_	_			
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enel		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres	<u>85:</u>	Street Ad	dress:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 JH 2 PA 2:2 (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 \_\_\_\_\_\_July 23rd, 2018 Florida document number \_\_\_\_L18000177002 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 "LLC." 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: New Registered Office Address: Enter Florida street address Citv

#### 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>	Type of Action
CEO	Nixon Zeledon	2140 N 29th Ave Apt # 207 Hollywood FL 33020	□Add
		<del></del>	≣Remove
			□Change
MGR	Nixon Zeledon	2140 N 29th Ave Apt # 207 Hollywood FL 33020	≅Add
			□Remove
			□Change
		<del></del>	□Add
		<del></del>	ПRетоve
			□Change
		<del></del>	□Add
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			□Remove
			□Change
<del> </del>			□Add
			□Remove
			□Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	December 24th, 2019
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	
	Signature of a member or authorized representative of a member
	<b>X</b>
	Typed or printed name of signee

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