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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINTERS SOLUTIONS OF FLORIDA LIMITED LIABILITY CO
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHICA, ALLAN A.

Name of Person

PAINTERS SOLUTIONS OF FLORIDA LIMITED LIABILITY COMPANY

Firm/Company

4607 S KIRKMAN RD APT 4104

Address

ORLANDO, FL. 32811

City/State and Zip Code

MAGALYNFMS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLAN A. MICHICA

321 443-2659
at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$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**

PAINTERS SOLUTIONS OF FLORIDA LIMITED LIABILITY COMPANY

(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 07/31/2018 and assigned
Florida document number L18000178955.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PAINTERS SOLUTIONS OF FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4607 S KIRKMAN RD APT 4104

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL. 32811

Enter new mailing address, if applicable:

4607 S KIRKMAN RD APT 4104

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL. 32811

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:

MAGALY D. NAVARRO

New Registered Office Address:

8421S ORANGE BLOSSOM TRAIL STE 129

Enter Florida street address

ORLANDO

City

Florida

32809

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SARMIENTO, MARCO M, SR		☐ Add
		5028 CITY ST APT 5028 ORLANDO, FL. 32839	☒ Remove
			☒ Change
AMBR	MICHICA, ALLAN A.		☐ Add
			☐ Remove
		4607 S KIRKMAN RD APT 4104 ORLANDO, FL. 32811	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August, 24 2018

Alan Michener

Signature of a member or authorized representative of a member

ALLAN A. MICHICA

Typed or printed name of signee