Page: 2 . 05/7/2021 13:40 PM TO:18506176383 FROM:3213199949



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(((H210001732283)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20210000039 : (407)374-2329 : (407)412-5926 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

Email Address:		

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COVER LETTER

TO:	Registration Section
	Division of Corporations

PAINTERS SOLUTIONS OF FLORIDA LLC

SUBJECT: _____

.

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:

	CLEITON CARDOSO				
	<u> </u>	Name of Person		-	
	DOMINIUM CONSULTE	NG SERVICES		اري (ن)	202
		Firm/Company			YWH I
	6965 PIAZZA GRANDE	AVE - SUITE 206			Y -7
		Address			PK
	ORLANDO FLORIDA 32	2835		E S	ի կ։ 50
		City/State and Zip Code		- ~ 설	50
	SERVICES@DOMINIUM	CS.COM			
	E-mail address: (to be used for future annual repor	t notification)		
For further information c	oncerning this matter, please co	all:			
CAMILA		407 374-23	29		
Name of Person			aytime Telephone Numbe	יז	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Sta	tus &

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 Page: 6 '05/7/2021 13:40 PM TO:18506176383 FROM:3213199949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTERS SOLUTIONS OF FLORI		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Plorida document number <u>L18000178955</u>	oility Company were filed on	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
Central Florida Development Services & Solutions L	LC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	OX)	Y - 7 PH 4: 50
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>en</u> ce address here:	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	2254 Mountain Spruce St - Ocoee - FL - 34761 Enter Florida street address	
	emer ciorna siveel nauress	
	, Florida	Zip Code
	City	Zip Citae

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

Page: 7 '05/7/2021 13:40 PM TO:18506176383 FROM:3213199949

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	Paula Cristina Daniel	2254 Mountain Spruce St	■ Adđ
		Ococe - IFL - 34761	_ □ Remove
			Change
AMBR	Fabio Luiz Michica	2254 Mountain Spruce St	Add
		Ococe - FL - 34761	■ Remove
			Change
AMBR	Vânia Maria C Frugoli Madalozzo	3315 Flamborough Dr	≅ Add
		Orlando FL 32835	Remove
			☐ Change
			■ Add
			□ Remove
			☐ Change
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If the (b) T	record specifies a he 90th day after	delayed effective the record is file	e date, but no ed.	ot an effecti	ve time, at 1	2:01 a.m. o	n the e	arlier (
	April 29th		2021					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00