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## **COVER LETTER**

TO: Registration Se Division of Cor		·			
	LIMITED PAINTING LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LUIS MENDOZA				
		Name of Person			
	MENDOZA TAX SERVI				
		rian/Company			
	3501 W VINE ST. SUITE	262			
	<del></del>	Address	<del></del>		
KISSIMMEE, FL 34741				TALL SECS	
		City/State and Zip Code			
	contact@mendozaaccountii			SSS	
	E-mail address: (	to be used for future annual report notifi	cation)		平 U
For further information c	concerning this matter, please c	all:			
LUIS MENDOZA		407 750-8464 at ( )		STATE FLORIDA	6: 22
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filling Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate o Certified Co tadditional cop	of Status & opy	
Mail	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRITO UNLIMITED PAINTING LLC		
(Name of the Limited Liability Compa (A Florida Limited	ans as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000182770}{1.18000182770}$ .	were filed on <u>07/31/2018</u>	and assigned
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:	451 SE 8TH ST. LOT BOX 219	
(Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33030	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		18 DEC 26 F
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the manie M the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELENA BRITO RAYMUNDO	451 SE 8TH ST LOT BOX 219 HOMESTEAD, FL 33030	Add
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be pridoes not meet the app	licable statutory fili		filing.) Pursuant to 6	
e record specifies a delayed el The 90th day after the record		not an effective	time, at 12:01 a	.m. on the ear	lier of:
DECEMBER 20 Dated	. 2018	· <i></i>	2		
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Filing Fee: \$25.00