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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
P WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certificates of	Status
s to Filing Officer:	
	(Requestor's Name) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certificates of state of the state

Office Use Only



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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		inting LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Alberto cordero		
		Mia pro painting lic	Name of Person	
		11020 sw 174 ter	Firm/Company	
		Miami FL 33157	Address	
		Albertcordero@live.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
		oncerning this matter, please ca		
Alberto cordero Name of Person			786 399-6912 at () Area Code Daytime	Telephone Number
			,	·
inclosed is a	check for th	ne following amount:		
■ \$25,00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Mia pro painting llc		
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited I	ny as it now appears on o nability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000189979	were filed on	and assigned
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 designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		HE E TO
		20 T
Enter your mailing address if applicables		The part of the state of the st
Enter new mailing address, if applicable:	·	Si 🙀 U
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Villee Address.	Enter Florida str	eet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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
Mgr	Alberto cordero	11020 sw 174 ter	■ Add
			Remove
			□ Change
			□ Remove
			☐ Change
			_ ∩ Add
			Remove ALCOLOGICA ALCOLOGICA
			SECURE 12 Remove
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<u>lote:</u> I	I the date inserted	in this block does n	of meet the ap	plicable statuto	ng or more than 90 ry filing requires	nents, this d	ing.) Pursu ate will no	ant to 6 of be li	05.0207 sted as (
ocumei	nt's effective date	on the Department	of State's reco	rds.					
e reco	ord specifies a 20th day after	delayed effective the record is file	e date, but	not an effec	tive time, at	12:01 a.r	n. on th	e ear	lier of
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)ated									
ea			·	<u> </u>					
		Signature o	of a member or a	uthorized repres	entative of a memb	эег			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00