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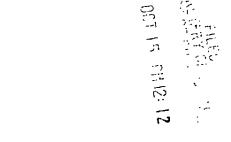
(Requ	estor's Name)	
(Addre		
·		
<u> </u>		
(Addre	:55)	
(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	- a - Catita Nasa	
(Busin	ess Entity Name	e)
(Docu	ment Number)	
Certified Copies	Certificates of	of Status
·		-
Special Instructions to Fili	ng Officer:	
L		

Office Use Only

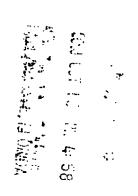


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N. CAUSSEAUX OCT 1 7 2018

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Att. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cen. Copy Photo Copy Certificate of Status Certificate of Status Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search				
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Att. of Amend. File				Trade/Service Mark
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Cert. Copy				Dissolution / Withdrawal
Photo Copy				Annual Report / Reinstatement
Certificate of Good Standing				Cert. Copy
Certificate of Status				Photo Copy
Certificate of Fictitious Name				Certificate of Good Standing
Corp Record Search				Certificate of Status
Officer Search				Certificate of Fictitious Name
Fictitious Search				Corp Record Search
Fictitious Owner Search				Officer Search
Vehicle Search				Fictitious Search
Vehicle Search	Signature			Fictitious Owner Search
Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval	oig.iature			Vehicle Search
Name 10/15/18 UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval				
Name Date Time UCC Search UCC Retrieval UCC Retrieval Courier Courier UCC Courier UCC	Requested by: SETH	10/15/10		
Name Date Time UCC 11 Retrieval Courier		- 		·
Walk-In Will Pick Up Courier	Name	Date Time		
		Will Pick Up		

COVER LETTER

TO:	Registration Security Division of Cor			
SUBJEC	PATRON C	CONSTRUCTION LLC		
OG DG F.	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SAUL PENA COLON		
		PATRON CONSTRUCTION	Name of Person ON LLC	
	Firm/Company 5313 SATEL DR			
		ORLANDO FL 32810	Address	
		arleendavila@gmail.com	City/Stale and Zip Code	
			to be used for future annual report not	ification)
For furti	her information co	oncerning this matter, please co	all:	
SAUL	PENA COLON		321 746-3958	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	e 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

RAM PAINTING SERVICES LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	upany as it now appears on our records.) ded Liability Company)	4. 4.4.
The Articles of Organization for this Limited Liability Compa	any were filed on 09/01/2018	and assigned
Florida document number 1.18000209763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	7
Enter new mailing address, if applicable:	-	PH 12
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address because	l office address on our records, <u>e</u> nere:	nter the name of the r
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, 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
MGR	JOSE FIGUEROA	5313 SATEL DR	
			= Add
		ORLANDO FL 32810	
			□ Remove
			Change
 -			
			□ Remove
			n Asia
			L.Change:
			Change
	-		
			er en
			□ Remove
			73
			□ Change
			LI A00
			Prove
		-	Change
			
			□ Remove
			□ Change
		***	Remove
	1	Change	

D. If amending any other information	on, enter change(s) here:	(Attach additional sheets,)	if necessary.)
	-		Z & S
			2
			15 PH 12: 12
			
			12
			-
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to do	of the off ATT 11 and the office of	optional) sufter filing.) Pursuant to 605.0207 (3) s, this date will not be listed as the
if the record specifies a delayed ef (b) The 90th day after the record	fective date, but not ar is filed.	n effective time, at 12:	01 a.m. on the earlier of:
Dated OCTOBER 08	2018		
Saul Panal Sign	nature of a member or authorized	d representative of a member	
SAUL PENA COLON			
	Typed or printed na	me of signee	

Page 3 of 3

Filing Fee: \$25.00