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SECRETARION OF THE CANADA

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COVER LETTER

	ision of Corp			
SUBJECT:		PAINTING LLC		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Brayan J Ates Sanchez		
			Name of Person	
			Firm/Company	
		7273 Manatee Street		
			Address	
		Sarasota, FL 34243		
			City/State and Zip Code	
		Name of Person		
For further is	nformation co	ncerning this matter, please ca	all:	
Brayan J At				
	Name of	Person	Area Code Daytime 1	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	iling Fee	S30.00 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

B A JACOB PAINTING LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/06/2018	and assigned
Florida document number L18000213208		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		8 ₹8
	<u></u>	P (5)
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or he new registered office address h	office address on our records, e	8: 28
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
AMBR	Brayan J Ates Sanchez	7273 Manatee Street, Sarasota, FL	
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Typed or printed name of signee

Filing Fee: \$25.00