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SECRETARY OF STATE
TALLAHASSEE FLORID

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJECT:		A PAINTING LLC		
SUBJ	ECI;	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ESERANZA MONTOYA		
			Name of Person	<del></del>
		8414 CERRO CIR APT 27:	Firn/Company	<del></del>
		TAMPA, FL 33617	Address	
		MONSALVEESPERANZA3	City/State and Zip Code 5@GMAIL.COM	
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
ESPERANZA MONTOYA		908 361-9182		
	Name o	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊒</b> \$2	5.00 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

MONTOYA PAINTING LLC				
(Name of the Lim	ited Liability Compan (A Florida Limited Li	iv as it now appears on our iability Company)	r records.)	
The Articles of Organization for this Limited 1		were filed on 10/30/20	18 ar	nd assigned
Florida document number L18000254990	<u> </u>			
This amendment is submitted to amend the fol	llowing:			
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 Liabili	ty Company," the designation	on "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)		- <del> </del>	2018
			<u> </u>	
			£6	
Enter new mailing address, if applicable:			AR)	
Mailing address MAY BE A POST OFFICE	F ROV)		r g	<u> </u>
Maning dualess WAT BE AT OST OFFICE	<u>. 10.17</u>			÷ 0
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B. If amending the registered agent and registered agent and/or the new registered			records, enter the n	•
Name of New Registered Agent:	ESPERANZA [	DEL SOCORRO MONT	TOYA MONSALVE	
New Registered Office Address:	8414 CERRO (	CIR		
	<del></del>	Enter Florida stree	ri address	
	TAMPA		Florida <u>33617</u>	
		City	Zio	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.

f 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> ESPERANZA DEL MONTOYA		Address 8414 CERRO CIR APT 273	Type of Action		
AMBR	MONSALVE	TAMPA, FL 33617			
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(It an ett	ve date, if other than the date of filing:    1/26   8   (optional)	Pursuant t vill not b	o 605.020 e listed as
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the e	arlier o
Dated	11/26 2018  Signature of a member or authorized representative of a member		
	^ ^		
	$\mathcal{L}_{\mathcal{L}}$		

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Typed or printed name of signee

Filing Fee: \$25.00