118000268810

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
26th

Office Use Only



100330357091

06/18/19--01002--032 **25.00

RECEIVED
JUH 1 7 2019

19 AUS 26 AM 9: 47

LLC N/C Emend. S/28/19





June 26, 2019

JULISSA VALLADARES 9226 MARK TWAIN LN PORT RICHEY, FL 34668

SUBJECT: ANGEL'S PAINT SERVICES LLC

Ref. Number: L18000268810

We have received your document for ANGEL'S PAINT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 819A00013011

Irene Albritton Regulatory Specialist II

RECEIVED
2019 AUG 26 PH 3: 05

COVER LETTER

. . .

Division of Corporations	
SUBJECT: Angel'S Paint Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Julissa M Valladares Name of Person	
Firm√Company	
9224 Mark twain Ln	
Port Richey #1 34668 City/State and Zip Code Cortal ena (Ulissa Ogmail. Com E-mail address: (to be used for future annual report potification)	
For further information concerning this matter, please call:	
TUli SSa M Valladares at (727) 505 05 81 Name of Person at (727) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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



Zip Code

Arige 1's Paint Services (Name of the Limited Liability Company as it of	110
(Name of the Limited Liability Company as it r (A Florida Limited Liability	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number $L12000268810$.	11/14/18
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability confidence in the new name most be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the new
Name of New Registered Agent: Juli 55	Mark twoin Ln
New Registered Office Address: 4226	Mark twoin La
Port Ric	they Florida 34668

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.

City

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	Angel A. Velsquei	9220 Mark twin Ln	🗆 Add
	,	Port Richert 1 34660	Remove
			Change
AMBR	Julissa Mulaladars	9226 Mark twin 4	2 X Add
		Port Richey #1 34668	?□ Remove
			Change
			🗆 Remove
			🗖 Change
			□ Add
			Change
			□ Remove
			□ Change
			D Add
			_□ Remove
			□ Chanus

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
-	
_	· · · · · · · · · · · · · · · · · · ·
-	
-	
-	
_	
-	
_	
_	
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/19/19 . 2019.
	Signature of a member or authorized representative of a member
	Julissam Valladars Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00