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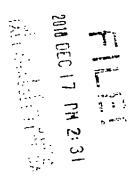
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COVER LETTER

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

.TO:

Division of Cor	porations			
	C PAINTING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
TT1	4 d d . C (.)	arised for filing		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	GUSTAVO RAMIREZ G	OMEZ		
		Name of Person		
	GR MAGIC PAINTING L	LC		
		Firm/Company		
	608 16TH ST E			
	 .	Address		
	PALMETTO, FL 34221		m-2	
	ORGULLOLATINOTAX@	City/State and Zip Code AOL.COM	2018 DEC 17	
	E-mail address: (to be used for future annual report notifica	ation)	;:::::::::::::::::::::::::::::::::::::
For further information c	oncerning this matter, please c	all:		270
GUSTAVO RAMIREZ	GOMEZ	941 322-4682		> "
Name o	f Person		elephone Number	-
Cashand in a about for th	na fallaurina amaunti			
Enclosed is a check for the	_	D See On William Roy R	El \$40.00 Eiling Foo	
□ \$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	
MAJI	ING ADDRESS:	STREET/COURIEI	O ADDDESS.	
Registr	ration Section	Registration Section		
Divisio	on of Corporations	Division of Corporati	ons	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR MAGIC PAINTING LLC			
(Name of the Lin	nited Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)	
he Articles of Organization for this Limited	Liability Company were filed on DECE	MBER 06, 2018 and assi	gned
lorida document number L18000281303	·		
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability company here:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L	C.''
nter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	EET ADDRESS)		
		<u></u>	
ntov novy moiling address if applicable.			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
	-		
. If amending the registered agent and			9 5
. If amending the registered agent and egistered agent and/or the new registered of		ir records, enter the name o	1 the
<u> </u>	ottiet address here.		•
Name of New Registered Agent:	EMILY MARTINEZ	P#	
New Registered Office Address:	945 25TH DR E SUITE 11	2: 3 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3	
	Enter Florida :	street address	
	ELLENTON	, Florida 34222	
	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

Page 1 of 3

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	GUSTAVO RAMIREZ GOMEZ	608 16TH ST E PALMETTO, FL 34221	■ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
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			ASI ASI
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			Change

DECEMBER 06, 2018. (In the specified and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 fore: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 90th day after the record is filed. DECEMBER 12, 2018 Signature of a member or authorized representative of a member.								_
DECEMBER 06, 2018. [Sective date, if other than the date of filing:								_
DECEMBER 06, 2018. [Sective date, if other than the date of filing:								
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12 w/02					an effective tir	me, at 12:01 a	a.m. on the earl	ier o
Signature of a member or authorized representative of a member	cument's		record is filed					
-	record The 900	th day after the	record is filed	2018 DDO	··			

Page 3 of 3

Filing Fee: \$25.00