

L18000284043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

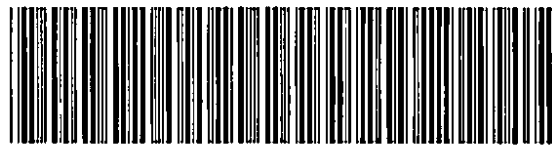
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NBM Quality Painting 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:

William Bonilla Martinez
Name of Person

Firm/Company

13000 NW Miami CT
Address

Miami FL 33168
City/State and Zip Code

NBMpaintingcorp@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Bonilla Martinez at (786) 538 8394
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

and assigned

(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
_____	_____	_____	⌘ Add
		_____	⌘ Remove
		_____	⌘ Change
_____	_____	_____	⌘ Add
		_____	⌘ Remove
		_____	⌘ Change
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		_____	⌘ Remove
		_____	⌘ Change
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		_____	⌘ Change
_____	_____	_____	⌘ Add
		_____	⌘ Remove
		_____	⌘ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Authorized person as Manager (MER) you need to add
his Second last name.

His Full name is William Bonilla Martinez

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 18, 2018.

W Bonilla Martinez
Signature of a member or authorized representative of a member

William Bonilla Martinez
Typed or printed name of signee