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COVER LETTER

10: Registration Sc Division of Cor	-		
JMO PAIN SUBJECT:	TING SERVICES LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAMON O VELEZ PALM	MERA	
		Name of Person	
		Firm#Company	
	3760 PRAIRE FOX LANE	E#10	
	ORLANDO, FL 32822	Addiess	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report north	cation)
For further information c	oncerning this matter, please ca	all:	
MARCOS U ROSARIO	CRUZ	407 912-7854	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32344

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

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ART	TICLES OF C	ORGANIZATION	20/2 12
	O	F	- 1.3. B. S.
JMO PAINTING SERVICES LL	('		THE STATE OF THE S
(Name of the Line	nited Liability Compa (A Florida Limited	iny as it now appears on our rec	ords.)
	ta Fiorida Cimited	іларнаў Сопірану)	•
The Articles of Organization for this Limited I	Liability Company	were filed on 12/12/2018	and assigned
· · · · · · · · · · · · · · · · · · ·			
Horida document number <u>L18000285480</u>	··		
This amendment is submitted to amend the fo	llowing:		
	ा ट ा		
A. If amending name, enter the new name	<u>of the limited liab</u>	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
		N/A	
Enter new mailing address, if applicable:		18/74	
Mailing address MAY BE A POST OF FICE	<u> E BOX)</u>		
B. If amending the registered agent and	d/or registered o	ffice address on our reco	ords, enter the name of the new
egistered agent and/or the new registered	4.7		
N. CN. D. C. L. I.A	N/A		
Name of New Registered Agent:			
New Registered Office Address:	N/A		
the transferred to the transferred to	<u> </u>	Enter Florida street ad	dress
			Florida
		· #1	гду сош

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	<u>Address</u>	Type of Action
AMBR	ELOY RIVERA NAZARIO	7301 TRACEVIEW LANE # 208	= Add
		ORLANDO, FL 32807	7.0
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
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ective date, if other than	the date of fili	na:		(ontio	nal)
ective date, if other than effective date is listed, the date e: If the date inserted in thi ument's effective date on the	s block does not	meet the applica	o date of filing or mobile statutory filing	ore than 90 days after to requirements, this	iling.) Pursuant to 605.02 date will not be listed a
record specifies a dela he 90th day after the			: an effective t	me, at 12:01 a.	m. on the earlier
ed_FEBUARY 21		2019	<u> </u>		
\bigcirc					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00