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(Requestor's	s Name)	
(Address)		
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PICK-UP	VAIT MAIL	
(Business E	Intity Name)	
(Document Number)		
Certified Copies Co	ertificates of Status	
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Division of C	Section Corporations		
subject: <u>S</u>	R PAINTING AND Name of Limit	C MORE LLC. led Liability Company	
	of Amendment and fee(s) are subn		
Please return all corre	spondence concerning this matter t	o the following:	
	501	AIA RUIZ Name of Person	
	S ≯ R Pain	ting and More	W.
		72nd Ter Address	
	Mar	GCT REFL 33063 City/State and Zip Code	
	Sonia	ruiz 1223@yah o be used for future annual report not	OD.COM
For further informatio	n concerning this matter, please ca	·	news)
	RUIZ ne of Person	at (<u>954)</u> 540 Area Code Daytin	no Telephone Number
Enclosed is a check fo	or the following amount:		
\$25.00 Filing Fee	-	☐ \$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

END JULY S PHIRE WIT now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 12-21-18 and assigned Florida document number 118000 292174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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 Sonia Baca	Sonia Bacallao	705 NW 72nd Ter	⊠ Add
		Margate FL 33063	□ Remove
			□ Change
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). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the red) The	cord 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	May 29 . 2019.
	Simulation of a section of the security of a mamber
	Signature of a member of authorized representative of a member
	SON (1 PU)7 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00