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R. WHITE OIT 18 III 2019 00T -2 MH 10: 36

COVER LETTER

Div	ision of Corp	orations		
CUDIECT.		N COLORS PAINTING SER	VICES LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please returr	all correspon	dence concerning this matter t	to the following:	
		KELVIN RAMIREZ		
			Name of Person	
			Fi (G	
			Firm/Company	
		1693 4TH ST APT 15		
			Address	
		SARASOTA, FL 34236		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	eation)
For further is	nformation co	ncerning this matter, please ca	all:	
KELVIN R.	AMIREZ		941 301-6114 at ()	
,	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	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:

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 2010 0

2019 00T -2 AM 10: 36

EVOLUTION COLORS PAINTING SERVICES LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigurida document number L19000016997 .	ned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
·	
If amending the registered agent and/or registered office address on our records, enter the name of gistered agent and/or the new registered office address here:	f the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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 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	ORLIN G. RAMIREZ PENA	1693 4TH ST APT 15	■ Add
		SARASOTA, FL 34236	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
		 -	☐ Change
			□ Remove
			Change
	.	***************************************	
			□ Remove
			☐ Change

F. Effective date, if other than the date of filing: 10/01/2019	(If an effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated SEPTEMBER 30		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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		Dated (SEPTEMBER 30 2019
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(Signature of a member or authorized representative of a member	- C'/ flux		at his
	(Signature of a member or authorized representative of a member		(Signature of a member or authorized representative of a member

Page 3 of 3