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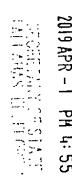
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Special Instructions to Filing Officer:	
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Office Use Only



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APPROVED AND FILED

10/19

COVER LETTER

TO:	Registration Sec Division of Copp	ction orations				
		S PAINTING LLC				
SUBJEC	CT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
ricuse re	can an evirespor	ELIZABETH CAMPOS	to the issuanting.			
		ALF & SONS PAINTING	Name of Person LLC			
		1528 62ND AVE S	Firm/Company		2019, 13.17	
		WEST PALM BEACH, F	Address LORIDA 33415		2019 APR - I SECREPTOR CALLARACE	FILE
		ALFONSO.A.A20@GMAI	City/State and Zip Code L.COM to be used for future annual report notif	ication)	PH 4: 5	<u> </u>
For furth	ner information co	ncerning this matter, please ca		icanion,	. [™] ਯ	
ELIZAE	BETH CAMPOS		561 674-7167			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for the	: following amount:				
\$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TING LLC	
Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
ility Company were filed on 01/10/2019	and assigned
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s "Limited Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
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registered office address on our record e address here:	ls, enter the name of the new

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	Liability Company as it now appears on our recorflorida Limited Liability Company) lity Company were filed on O1/10/2019 ng: e limited liability company here: s "Limited Liability Company," the designation "LLdee: (DDRESS) registered office address on our recorder address here: 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 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	ALFONSO AGUILAR BELMAN	1528 62ND AVE S WEST PALM BEACH, FLORIDA 33415	■ Add
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E. 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	(optional)	05 N202 (2)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	at 12:01 a.m. on the ear	lier of:
Dated MARCH 26 2019		
(FIF)		
Signature of a member or authorized representative of a me	mber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00