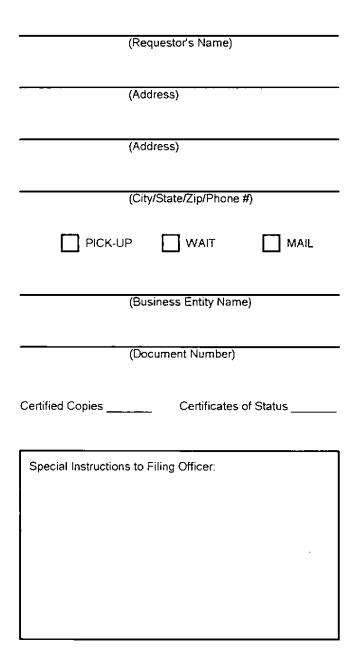
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Office Use Only



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# **COVER LETTER**

SUBJECT:	DEPAZ PAINTING L	rc	
3003EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	٠ <u>.</u>
	Ν	MEYNARDO REBOLLAR	
		Name of Person	
	DEPAZ PAINTING LLC		
Firm/Company 705 NASHVILLE RD Address			
			<del></del>
	LAKELAND, FL 33815		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
MEYNARDO REBOLLAR		863 944-2936 at ( )	
Name o	of Person	Area Code Daytime	e 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

TO:

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**

### DEPAZ PAINTING LLC

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ТО	
ARTICLES	S OF ORGANIZATION	e de la companya del companya de la companya del companya de la co
	OF	
	DEPAZ PAINTING LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability (Florida document number L19000030613	Company were filed on 01/30/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> . <del></del>	
(Principal office address MUST BE A STREET ADD	RESS)	
Put		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	From Florida and H	
	Enter Florida street address	
	, Flo	orida Zip Code

### 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	CYNTHIA REBOLLAR DE PAZ	705 NASHVILLE RD LAKELAND FL 33815	Add
			Remove
		<u></u>	Change
			Add
			Remove
			Change
			Add
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	0.1/00/2010
Effecti	04/09/2019  ve date, if other than the date of filing:
Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he rec The	ord 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 <sub>.</sub>	APRIL 9 / 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00