

L190000643464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900419222549

11/21/23--01023--013 ++\$30.00

12/8/23

2023 NOV 21 PM 9:15
STATE
RECORDS

RECORDED

6

COVER LETTER

O: Registration Section
Division of Corporations

UBJECT: DAD'S PAINTING & GENERAL MAINTENANCE LLC
Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

WILSON DARIO GIRALDO COLONIA

Name of Person

DAD'S PAINTING & GENERAL MAINTENANCE LLC

Firm/Company

3422 CASTLE STONE CT

Address

VALRICO FL 33594

City/State and Zip Code

dadspaintinggm@hotmail.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

WILSON DARIO GIRALDO COLONIA

813

7340985

at ()

Name of Person

Area Code

Daytime Telephone Number

nclosed is a check for the 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, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 NOV 21 AM 9:15
STATE
CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DAD'S PAINTING & GENERAL MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 12, 2019 and assigned
Florida document number L19000043464.

This amendment is submitted to amend the following:

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:

3422 CASTLE STONE CT

Principal office address MUST BE A STREET ADDRESS)

VALRICO FL 33594

Enter new mailing address, if applicable:

3422 CASTLE STONE CT

Mailing address MAY BE A POST OFFICE BOX)

VALRICO FL 33594

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:

WILSON DARIO GIRALDO COLONIA

New Registered Office Address:

3422 CASTLE STONE CT

Enter Florida street address

VALRICO

Florida 33594

City

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.


Wilson D Giraldo

If Changing Registered Agent, Signature of New Registered Agent

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	HENRY MONTILLA LONDONO	1405 THISTLEDOWN DR BRANDON FL 33510	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 24 PM 9:15
STATE
RECEIVED
CLERK OF SUPERIOR COURT
JAN 11 2024

9. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The partner resigns from the company, on date.

2023 NOV 21 PM 9:15
STATE
FL

FILED



10. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 November 11, 2023

Wilson D Giraldo

Signature of a member or authorized representative of a member

WILSON DARIO GIRALDO COLONIA

Typed or printed name of signer