# L19000059346

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(Address)				
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(City/State/Zip/Phone #)				
(OR) State Liph Hone #)				
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## **COVER LETTER**

ТО:	Registration Se Division of Cor		•			
	S&C PAIN	TI AND MORE LLC	•	1-		
SUBJE	CT:	·				
		Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	return all correspo	ndence concerning this matter	to the following:			
		Jorge Suarez				
			Name of Person	<del></del>		
		S&C PAINT AND MORE	ELLC			
			Firm/Company			
		1551 THETFORD CIR				
			Address			
		ORLANDO, FL32824				
			City/State and Zip Code	<del></del>		
		SCpaintandmore@gmail.co	om			
		E-mail address: (	to be used for future annual report noti	fication)		
For furt	her information co	oncerning this matter, please ca	all:			
Jorge S	Suarez		407 800-2573		-4	-1 -1,-1
			at ()		- AUG	
	Name of	f Person	Area Code Daytim	e Telephone Number	J€ 25	10 AC
Enclose	d is a check for th	e following amount:			PH12:	0F S
□ \$25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	e. latus & 🔂	TATE

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

# TO ARTICLES OF ORGANIZATION OF

S&C PAINT AND MORE LLC			<u></u>
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now app i Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability C L19000059346 Florida document number	Company were filed on .	MARCH 1, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company	here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del>.</del>
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SUL 61 SUCH EAST
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	tered office address ress here:	on our records, <u>ente</u>	r the name of the
Name of New Registered Agent:			15
New Registered Office Address:	Enter F	Florida street address	
		, Florida _	· · · · · · · · · · · · · · · · · · ·
	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.

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
Title MGA	Jorge Suarez	6663 MISSION CLUB BLVD	
MGIL			Add
		APT 201	
			□ Remove
		ORLANDO, FL32821	
			Change
			Add
			□ Remove
			Change
			Remove
			TI Character
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			Remove
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			<del></del>
			<u>.                                    </u>
	t be specific and cannot be pricock does not meet the appli	cable statutory filing requiren	( <b>optional</b> ) days after filing.) Pursuant to 605.0207 (? tents, this date will not be listed as th
document's effective date on the Do	epartment of State's records	5.	
the record specifies a delayed		ot an effective time, at	12:01 a.m. on the earlier of:
) The 90th day after the reco	ord is filed.		
AUGUST 23	2019		
Dated	<u> </u>	·	
A			
	200		
	Signantic of a member or auth	norized representative of a member	e <b>T</b>
Jorge Suarez	<del></del>		
· · · · · · · · · · · · · · · · · · ·	Tunw or nein	ted name of signee	<del></del>
	i Mea or hun	ica mime or aignot	

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Filing Fee: \$25.00