L19000067260

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Divi	ision of Cor BUENA V	porations TSTA PLASTER AND PAINT	LLC	
SUBJECT:			ited Liability Company	-
The enclosed	Articles of	Amendment and fee(s) are sub.	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			JORGE LAZO	
		-	Name of Person	
		BUENA VI	STA PLASTER AND PAINT LLC	
			Firm/Company	
		33	67 NW 87TH STREET	
			Address	
		MIA	AMI, FLORIDA 33147	
		_	City/State and Zip Code	
		GLAZ	О @ҮАНОО.СОМ	/
		E-mail address: (to be used for future annual report notif	ication)
For further in	officer of the same of the sam	oncerning this matter, please co		Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
				en annan

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

BUENA VISTA PLAS	STER AND PAINT LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) amited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number L 19000067260	mpany were filed on MARCH 08, 2019	an	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.C	·
Enter new principal offices address, if applicable:				
(Principal office address MUST <u>BE A STREET ADDRE</u>	ESIS)		ر ا	
-			35	***1
		•	27	-
Enter new mailing address, if applicable:		· .	-0	1-1
Mailing address MAY BE A POST OFFICE BOX)				- 1411 -
Flaung dances MAT BE A TOST OF FICE BOX			- (n	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		r the na	me of	the n
Name of Nam Danistard Agants				
Name of New Registered Agent:				
New Registered Office Address:	6 19 51			
	Enter Florida street address			
	, Florida _	741 :	• ,	
	Cuy	Zip C	ode	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEXIS CASTRO RAMOS	1510 SALZEDO STREET APT. 2	≅ Add
		CORAL GABLES, FL 33134	□ Remove
			□ Change
MGR	DUVAN DIAZ CASTRO	1510 SALZEDO STREET APT, 2	= Add
		CORAL GABLES, FL 33134	□ Remove
			□ Change
		 	
			Remove
			□ Change
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	MARCH 18TH, 2019
Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	··
Dated	Joenature of a member of a member

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Filing Fee: \$25.00