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### **COVER LETTER**

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A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		VISTA PLASTER AND PAIN	TT LLC		
SUBJECT: Name of Limited Liability Company					
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return all correspo	ondence concerning this matter	to the following:		
			JORGE LAZO		
			Name of Person	<del></del>	
		BUENA VIS	TA PLASTER AND PAINT LLC		
			Firm/Company	<del></del>	
		2	367 NW 87TH STREET		
			Address	<del></del>	
			MIAMI, FLORIDA 33147		
			City/State and Zip Code	<del></del>	
			LAZO@YAHOO.COM		
			to be used for future annual report notif	heation)	
For fi	So	oncerning this matter please co	at ( )		
	Nome o	t Potson	Area Code Daytim	e Telephone Number	
Enclo	osed is a check for the	ne following amount:			
<b>■</b> \$	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)	

 ${\bf MAILING~ADDRESS};\\$ 

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F

#### BUENA VISTA PLASTER AND PAINT LLC

(Name of the Limited Liability Company as it now appears (Name of the Limited Liability Company)

L 10000067260	**	RIE 02 2019 1 11 11 12 12 And assigned
Florida document number L 19000067260		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company her	<u>r</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Pater new proffice address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:		our records, <u>enter the name of the nev</u>
registered agent and/or the new registered office address here	<b>:</b>	
Name of New Registered Agent:	<b>:</b>	a street address
Name of New Registered Agent:	Enter Florid	a street address
Name of New Registered Agent:  New Registered Office Address:	<b>:</b>	
Name of New Registered Agent:	Enter Florid	a street address

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
MGR	DUVAN DIAZ CASTRO	1510 SALZEDO STREET. APT. 2	
		CORAL GABLES, FL 33134	
			Remove
			□ Change
MGR	LUIS TORRES HERNANDEZ	5929 NW 30th Avenue	<b>⊒</b> Add
		Miami, FL 33142	
			☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change
			Add
		<del></del>	□ Remove
		<del></del>	Change
			□ Add
			□ Remove
			Change

ir. it amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec <u>Note:</u> T	tive 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) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	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 _	$\frac{4/2}{\sqrt{2}}$
	Signature of a member or authorized representative of a member
	JORGE LAZO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00