11900069978

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TO: Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
euburet.		TING LLC		
SUBJECT:		Name of Lim	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:	
		Nelson Hernandez		
			Name of Person	
		Inversiones JTM LLC		
			Firm/Company	
		1417 Barcelona Way		
			Address	
		Weston, FL 33327		
			City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·
		nelhemandez1006@icloud.		
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
Nelson Hern	andez		÷57 323 232 147	
	Name of	Person	at () Area Code Daytim	ie Telephone Number
Enclosed is a	check for th	e 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)
	ling Address	_	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
). Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMG PAINTING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number 119000069978	any were filed on 03/12/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		bbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records, enter the nar	ne of the new registere
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	te address on our records, enter the nar	場し
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	112: 18 12: 18
	Plovido	·

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.

City

Zip Code

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
AMBR	INVERSIONES JTM LLC	1417 BARCELONA WAY	= Add
		WESTON, FL 33327	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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TOPP . At	03/01/2023 (optional)
(If an effective	late, if other than the date of filing: (optional) e 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)
Note: If th	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
document s	seffective date on the 19epartment of State 3 records.
he record spe	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
	2022
Dated	FEBRUARY 22 2023
	Signature of a member or authorized representative of a member
	Signature of a monitor of additional representative of a monitor
	MARTIN D ROSENOW
	Typed or printed name of signee

• . .

Filing Fee: \$25.00