L19000078781

(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
OLANCE SUBJECT:	OS PAINTING LLC	• •	2	
SOBSECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	DENISSE GARCIA			
		Name of Person		
	OLANCHOS PAINTING	LLC		
		Firm/Company		
	925 SE 27TH ST			
		Address		
	CAPE CORAL FL 33904			
	 	City/State and Zip Code		
	FLA9UIS@GMAIL.COM			
For first in Comment		to be used for future annual report no	tification)	
	concerning this matter, please of	aii:		
DENISSE GARCIA		239 645-8103 at ()		
Name	of Person	Area Code Daytii	me Telephone Number	
Enclosed 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 Addr		Street Address:	ection	
Registration Section Division of Corporations		<u> </u>	Registration Section Division of Corporations	
P.O. Box 63	27	The Centre of	Tallahassee	
Tallahassee,	, FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLANCHOS PAINTING 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 02/28/2019 _____ and assigned Florida document number L19000078781 This amendment is submitted to amend the following: A. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: New Registered Office Address: Enter Florida street address

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 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
MGR	DENISSE GARCIA	925 SE 27TH ST CAPE CORAL FL 33904	
			□Remove
		□Change	
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			□Change

Effective date, if other than the date of filing: (optional) (optional) (fan effective date is listed, the date must be sposifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. c 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 rd is filed. Signature of formation or guideforted representative of a member DENISSE GARCIA		any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
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DENISSE GARCIA		Signature of a member or authorized representative of a member
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