

L190000 80609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

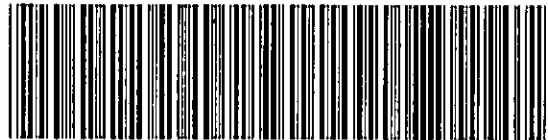
(Business Entity Name)

(Document Number)

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11/13/19--01645--014 \*\*80.00

LLC  
Amend

01/02/20  
DC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE &  
2019 DEC -2 AM 8:56



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2019

THE A-TEAM PAINTING LLC  
8433 EDGE WATER PLACE BLVD  
TAMPA, FL 33615

SUBJECT: THE A-TEAM PAINTING LLC  
Ref. Number: L19000080609

We have received your document for THE A-TEAM PAINTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 519A00024981

## COVER LETTER

**TO: Registration Section,  
Division of Corporations**

**SUBJECT:** THE A-TEAM PAINTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS J ORTEGA

Name of Person

THE A-TEAM PAINTING LLC

Firm/Company

8416 DELL LAGO CIR APT 104

Address

TAMPA FL 33614

City/State and Zip Code

ATEAMPAININGLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS J ORTEGA

813 862-6068  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THE A-TEAM PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 DEC -2 AM 8:56  
SECRETARY OF COMMERCE  
DIVISION OF CORPORATE REGISTRATION

The Articles of Organization for this Limited Liability Company were filed on 03/22/2019 and assigned  
Florida document number L19000080609.

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)**

8416 DELL LAGO CIR APT 104

TAMPA FL 33614

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8416 DELL LAGO CIR APT 104

TAMPA FL 33614

**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:

LUIS J ORTEGA

New Registered Office Address:

8416 DELL LAGO CIR APT 104

*Enter Florida street address*

TAMPA

*City*

Florida 33614

*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

**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>	<u>Type of Action</u>
MGR	LUIS J ORTEGA	8416 DELL LAGO CIR APT 104	<input type="checkbox"/> Add
		TAMPA FL 33614	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOHNNY A CUPITRA	8433 EDGE WATER PLACE BLVD	<input type="checkbox"/> Add
		TAMPA FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE REMOVED FROM THE LLC MANAGER JOHNNY A CUPITRA

[illegible]

**E. Effective date, if other than the date of filing:** 11/20/2019 (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated NOVEMBER 20

2019

Signature of a member or authorized representative of a member

LUIS J ORTEGA

Typed/or printed name of signee