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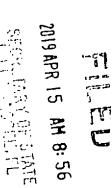
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COVER LETTER

ѕивлест: Сфор	Ful Dreams Pane of Lim	anting And Water of ited Liability Company	proofing LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandr	Name of Person	10
	Colorful Drea	ms Painting and V	Naterproofing LIC
	4243 Canan	idaigua Ct.	
		City/State and Zip Code	
	E-mail address: (7 Qyahoo · Com to be used or future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Sandra San	nith Servano of Person	at (<u>305</u>) <u>922 - C</u> Area Code Daytim	0325 e Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 ADDRESS:

Registration Section Division of Corporations

TO:

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
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colorful Dreams Painting and Waterproofing 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 Comp	any were filed on 02	127/2019	and assigned
Florida document number <u>L 19 0000 85514</u> .		1- 1	<u>-</u>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company hero	:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	ignation "LLC" or the abbases	ia "L.L.C."
Enter new principal offices address, if applicable:		150 X	5 71
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>	70
		373-4 201-7 71-71 71-71	3
Enter new mailing address, if applicable:		<u> </u>	8: 2
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter the</u>	name of the new
New Registered Office Address:	Ent m El mil	i street address	
	Liner Fieren		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of m as provided for in Ch	y duties, and I am fami apter 605, F.S. Or, if th	iliar with and his document is

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>	Address	Type of Action
MGR	Fernando Semano	4243 Canandoniqua Ct.	≱ Add
		4243 Canandoniqua Ct. New Port Richey, F1 3465	3 □ Remove
			□ Change
			🗖 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			D Add
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			Change
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			Remove
			Change

	
Note	tive date, if other than the date of filing: 4/10/19 (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1
	Signature of a member or authorized representative of a member
	Sandra Suc Smith Serrano Typed or printed name of signee

Page 3 of 3

Filing Fce: \$25.00