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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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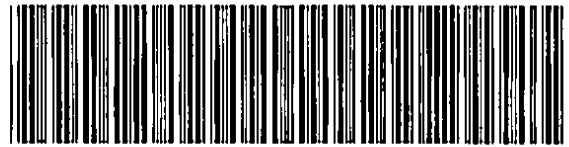
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/19--01022--024 **25.00

FILED

2019 APR 29 PM 12:42

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

MAY 09 2019

T. LEVEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMON CLEANING, PAINTING AND REMODELING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILENA CENTENO CANEPA

Name of Person

SAMON CLEANING, PAINTING AND REMODELING LLC

Firm Company

10449 MARBURY DR

Address

JACKSONVILLE FL 32246

City/State and Zip Code

111tax333@gmail.com

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

For further information concerning this matter, please call:



Name of Person

at 904, 615-4050
Area Code Daytime 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 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**

SAMON CLEANING, PAINTING AND REMODELING LLC

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

FILED

The Articles of Organization for this Limited Liability Company were filed on 04-01-2019

2019 APR 29 P 12:42
and assigned

Florida document number L19000089537

**CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA**

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:

10449 MARBURY DR

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE FL 32246

Enter new mailing address, if applicable:

10449 MARBURY DR

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE FL 32246

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:

MILENA CENTENO CANEPA

New Registered Office Address:

10449 MARBURY DR

Enter Florida street address

JACKSONVILLE

Florida 32246

City

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	MILENA CENTENO CANEPA	10449 MARBURY DR JACKSONVILLE FL 32246	☐ Add
			☐ Remove
			☒ Change
AMBR	YUNIER SAMON VALDES	10449 MARBURY DR JACKSONVILLE FL 32246	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change
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			☐ Remove
			☐ Change

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

PLEASE CORRECT THE NAMES OF THE REGISTER AGENT, MGR AND AMBR.

FROM MILENA CANCEPA TO MILENA CENTENO CANEPA AND

FROM YUNIER SAMON VALDEZ TO YUNIER SAMON VALDES

04-22-1019

E. Effective date, if other than the date of filing: _____ (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)

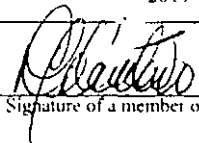
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 APRIL 22

2019



Signature of a member or authorized representative of a member

MILENA CENTENO CANEPA

Typed or printed name of signee