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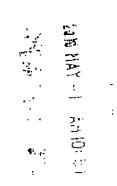
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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MAY 10 2019

COVER LETTER

	٠.	•	COVER LETTER	tr	
		ULY PAINTING LLC			
SUBJECT:		Name of Lim	ited Liability Company		1
The enclosed	d Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return	n all correspond	ence concerning this matter	to the following:		
		FERNANDO CASTILLO	0		
	Registration Section Division of Corporations TRULEY TRULY PAINTING LLC				
			Firm/Company		
		9881 DOWNEY COVE	OR .		
			Address	fication) The Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy	
		ORLANDO, FLORIDA	32825		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	hillity Company for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (
For further i	nformation con	cerning this matter, please c	all:		•
FERNAND	OO CASTILLO				
	Name of Pe	erson		Telephone Number	
Enclosed is	a check for the	following amount:			
■ \$25.00 B	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate Certified Cert	of Status & opy

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 ARTICLES OF ORGANIZATION **OF**

TRULEY TRULY PAINTING LLC

ARTICLE	ES OF AMENDME	ENT	
	TO		100
ARTICLES	S OF ORGANIZA	TION	
	OF		A 32
TRULEY TRULY PAINTING LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea	rs on our records.)	
non A)	a Limited Diability Company)		
he Articles of Organization for this Limited Liability C	Company were filed on	04/16/2019	and assigned
lorida document number L19000104919			
iorida document number	<u> </u>		
his amendment is submitted to amend the following:			
If any and discussion of the limited	ited liability someony b		
. If amending name, enter the new name of the lim	пен павшку сотрану в	<u>ere</u> :	
TRULY PAINTING LLC			
ne new name must be distinguishable and contain the words "Lin	iited Liability Company." the	designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	DECC)		
rincipal office address in OST BE A STREET ADDI	(233)		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regis registered agent and/or the new registered office add		n our records, <u>ente</u> i	r the name of the new
Name of New Registered Agent:			
New Pegistarad Office Address:			
New Registered Office Address:	Enter Flo	orida street address	
		P1	
	City	, Florida _	Zip Code
	•		ſ
ew Registered Agent's Signature, if changing Registere			
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and c eccept the obligations of my position as registered a eing filed to merely reflect a change in the register ompany has been notified in writing of this change.	omplete performance of gent as provided for in (ed office address, I here	f my duties, and I am Chapter 605, F.S. Or	familiar with and ; if this document is
		gent, Signature of New R	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			🗆 Remove
			☐ Change
			□ Add
			□ Remove
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			□ Add
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			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove

_ Change

•	
ote: If t	late, if other than the date of filing:
recor The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted	29 April 2019
	tande.
	Signature of a member or authorized representative of a member
	FERNANDO CASTILLO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00