# L19000113555

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Guerno

## **COVER LETTER**

Division of Cor	rporations	-		
GRG CUS'	TOM PAINTING LLC			
Sobject.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	-		
r rease return an correspo	ondence concerning this matter	to the following.		
	MARSHA SIHA			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249	SUITE 220		
		Address		
	HOUSTON TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO	M to be used for future annual repo	ort notification)	
For further information of	concerning this matter, please co	-	ir notification)	
	concerning this matter, please co			
MARSHA SIHA		855 829-90 at ()		ئىرى <u>ب</u> ئىدى كىي
Name c	of Person	Area Code E	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			11 2: 51
\$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	() Certified	e of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

#### GRG CUSTOM 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 04/25/2019 and assigned Florida document number L19000113555
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
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being add</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GENESIS REYES	2983 SW 7TH ST	□ Add
		MIAMI, FL 33135	Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
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Effective date, if other than the da	late of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	ck does not meet the applicable statutory filing requirements, this date will not be listed as
<u></u>	
document's effective date on the Department	
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Filing Fee: \$25.00