L19000 114 868

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	-

Office Use Only



900334315619

09/20/19--01013--008 ***

UITALLAIIASSELFL

COVER LETTER

TO:

	Registration Se Division of Cor				
cup tre	•••	PAINTING LLC			
SUBJEC	1:	Name of Limi	ted Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
		ndence concerning this matter			
	·	MIGUEL A CORTIJO	Ü		
			Name of Person		
			Firm/Company		
		4119 TEE RD	Address		
		SARASOTA FLORIDA 342			
		MCORTIJO@COMCAST.NI	City/State and Zip Code ET		
Can Guah	an in Canasation o	E-mail address: (to be used for future annual re	port notification)	
	. CORTIJO	oncerning this matter, prease co	941 400	-7110	
	Name o	f Person	at () Area Code	Daytime Telephone Number	_
Enclosed	is a check for the	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of S	Status &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division o Clifton Bo	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WICHO'S 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		and acci
		and assi
Florida document number L19000114868	·	
This amendment is submitted to amend the following	r.	
A. If amending name, enter the new name of the li	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abl	oreviation "L.L
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
		·· 20
). 	2019 SEP 20 PH 12:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	0 PI
		· =
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
_	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registo	·	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	id complete performance of my duties, and I am fo d agent as provided for in Chapter 605, F.S. Or, tered office address, I hereby confirm that the lin	amiliar w if this doc
	If Changing Registered Agent, Signature of New Re	gistered Ar

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR	ZORAIDA CIFUENTES SALAZAR	BRADENTON FL 34203	■ Add
			Chan
AMBR	JOSE A. GARCIA-CERVANTES	6120 5TH STREET EAST APT A BRADENTON FL 34203	⊟ Add
			□ Remo
			Chan
	47-9-1		
			□ Rem
			Chan
			Rem
			Char
			Ren
			Che
			D Adi
			Ch:

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
	SAME AS FILING DATE
Note:	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.
Datec	17TH DAY OF SEPTEMBER 2019
	Jourece Garran Gryenter
	Schature of a member or authorized representative of a member
	MAURICIO GARCIA CERVANTES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00