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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Forte Royal Painting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zaida D. Francisco Hartinez Name of Person
Folle Royal Painting.
12406 mondragon dr Address
+Ampa FL 33625 City/State and Zip Code
City/State and Zip Code ZUICUFTUTUSCO 19 60 GTMUIL COM E-mail address: (to be used for future demonstration)
For further information concerning this matter, please call:
Zaida D Francisco Hartinea (813) 270 2746 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status S25.00 Filing Fee & Certificate of S25.00 Filing Fee & Certifi

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

Forte Royal Painti	ng LLc	
(<u>Name of the Bimited Liability Company</u> (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000141902</u> .	rere filed on may 28 /2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		72 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 2 2
		<u> </u>
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office as	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or, i	imiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Zauda D Francisco	Martinez	
		12406 mondragon dr HAMPA FL 33625.	□ Remove
		tampa FL 33625.	Change
			Add
			□ Remove
		Change	
			Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effe <u>Note:</u> I	(optional) crive date, if other than the date of filing: (optional) crive 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 nt's effective date on the Department of State's records.
f the reco b) The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	06/07/2019 . Jany
	Signature of a member or authorized representative of a member Zaida D. Francisco Martinez. Typed or printed name of signee

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Filing Fee: \$25.00