L19000174879

Office Use Only



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07/30/19--01021--018 **25.00



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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	······			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JORGE CARIAS ARITA					
	Name of Person GENESIS PAINTING ENTERPRISE LLC Firm/Company 1301 JULIO LN					
	ORLANDO, FLORIDA 32	Address DRLANDO, FLORIDA 32827				
	RVTAXES@BELLSOUTH	City/State and Zip Code I.NET				
	E-mail address: (to be used for future annual report noti	fication)			
For further information of	concerning this matter, please ca	all:				
JORGE CARIAS ARIT	'A	407 591-9275				
Name o	of Person		e Telephone Number			
Enclosed is a check for t	he 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)			
	ING ADDRESS:	STREET/COURI Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THE COLD OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

GENESIS PAINTING ENTERPRIS	SE LLC			
(<u>Name of the Limit</u>	ed Liability Comp (A Florida Limited	pany as it now appears on o I Liability Company)	ur records.)	
The Articles of Organization for this Limited Li Florida document number L19000174879	ability Compan	y were filed on <u>07/05/20</u>	19	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company here:		
GENESIS PAINTING ENTERPRISES LLC				
The new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the designat	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	#.c	
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter tl	ne name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:		 Enter Florida str	vet address	
		City	, Florida	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 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Type of Action <u>Name</u> <u>Address</u> ROSA M CUBAS 5933 OLEANDER DR **AMBR** ORLANDO, FLORIDA 32807 □ Add **■** Remove ☐ Change ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

N/A			
			<u> </u>
			
			
			
Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable	(optionate of filing or more than 90 days after statutory filing requirements, this	nal) filing.) Pursuant to 605.02 date will not be listed :
ne record specifies a delayed The 90th day after the reco	effective date, but not ar rd is filed,	n effective time, at 12:01 a	.m. on the earlier
Dated JULY 22	2019		
A	2021		
	ignature of a member of authorize	d representative of a member	
JORGE CARIAS ARITA			
	Typed or printed na	ame at signer	

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Filing Fee: \$25.00