

L19 000175310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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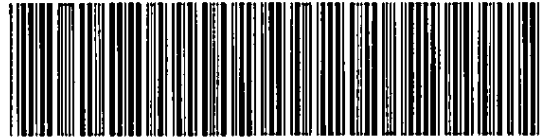
(Business Entity Name)

(Document Number)

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Name Change

MAY 25 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINT PLUS 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:

JOSE E SIERRA MALDONADO

Name of Person

Firm/Company

1186 BUFORD STREET NW

Address

PALM BAY, FL 32907

City/State and Zip Code

JOSESIERRA28@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN ROWLEY

321 632-6068
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2022 MAY 13 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

May 2, 2022

JOSE SIERRA MALDONADO
1186 BUFORD ST NW
PALM BAY, FL 32907

SUBJECT: PAINT PLUSS, LLC
Ref. Number: L19000175310

We have received your document for PAINT PLUSS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 222A00010087

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

[illegible]

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4-8-2022, _____


Signature of a member or author

Signature of a member or authorized representative of a member

JOSE E SIERRA MALDONADO

Typed or printed name of signee