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COVER LETTER

то:	Registration Se Division of Cor			
CHDI		PAINTING LLC		
SUDJ	ECT:	Name of Lin	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CRISTIAN A MARTI	NEZ	
			Name of Person	
			Firm/Company	
		202 LONGVIEW AVE		
			Address	
		LADY LAKE, FL 32159		
			City/State and Zip Code	·
		E-mail address: (to be used for future annual report notif	Daytime Telephone Number Daytime Telephone Number Solo 00 Filing Fee. Certificate of Status & Certified Copy
For fu	rther information e	oncerning this matter, please c	all:	
CF	RISTIAN A MART	INEZ	352 617-1038	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTACT PAINTING LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document numberL19000197774	ompany were filed on08/02/2019	and assigned
This amendment is submitted to amend the following:	_ `	
This amendment is submitted to afficing the following.		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	2019 Seic
		A
		2
Enter new mailing address, if applicable:		ASS: 6
(Mailing address MAY BE A POST OFFICE BOX)		
Maning address metr ne A 1 our of the front		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ds, enter the name of the nev
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida
	City	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 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, 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
AMBR	JUAN A MARTINEZ	415 WINNERS CIR LADY LAKE, FL 32159	_ ■ Add
			☐ Remove
			Change
AMBR	CRISTIAN A MARTINEZ	202 LONGVIEW AVE LADY LAKE, FL 32159	
			Remove
			□ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
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ffective	date, if other than the d	ate of filing:		(optional) fore than 90 days after filing.) Po	
<u>iote:</u> If t	the date inserted in this bloc 's effective date on the Dep	k does not meet the app	olicable statutory filin	g requirements, this date wi	I not be listed as
e recor The 90	d specifies a delayed e Oth day after the recor	effective date, but d is filed.	not an effective I	inie, at 12:01 a.m. on	the carlier o
ated	AUGUST 23rd	. 2019	·		
	Man			of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00