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# **COVER LETTER**

Division of Corporations
SUBJECT: MARLON FRANCO 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:
MARLON E. AGUILAR FRANCO Name of Person
MARLON FRANCO PAINTING LLC Firm/Company
1106 BASIN ST.
TALLAHASSEE, FL 32304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARLON FRANCO at (850) 363 - 7900  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section

TO:

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

MARL	ON FE	1NC0 1		0 LLL
(Name of the Limited	Liability Company a Florida Limited Liabi	s it now appears on lity Company)	our recor <u>as.</u> ) ∴ ⊏ □ □ •	•
		2/4	119 8/5	10
The Articles of Organization for this Limited Liab		re filed on <u>0 (</u>	11 0 0	1 and assigned
Florida document number <u>L 190001</u>	48009	•		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the				SEP 23
The new name must be distinguishable and contain the word	ds "Limited Liability (	Company," the design	nation "LLC" or the a	abbreviation J. L.C."
Enter new principal offices address, if applicab	de: _			71.5 W
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>		<u></u>	15 5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic ce address here:	e address on ou	ir records, <u>ente</u>	r the name of the no
Name of New Registered Agent:	MARLO	N E. A	16UILAK	R FRANC
New Registered Office Address:	11	06 B Enter Florida	A 51N street address	ST
	TAL	LAHASS	( <u>E.E.</u> , Florida _	32304 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 addor removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

AMBR MONICO E. Aquilar 1018 Basin Add

Franco Talla Flassour Remove

AMBR	marion E. Aquilar	1106 Basin St.	□ Add
`	Franco	1106 BOSIN St. Talla, F130304	_ □ Remove
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an effective	e date is listed, the date mus e date inserted in this bl	st be specific an	d cannot be prior	r to date of filing or cable statutory fil	more than 90 day	's after filing.) Pursu ts. this date will n	ant to 605.0201 of be listed as
	effective date on the D						
	specifies a delayed th day after the rec			ot an effective	time, at 12	:01 a.m. on th	ne earlier o
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		101	2019 e Bour Simember or auth				
-		Signature of a	member or auth	norized representati	ve of a member	<u> </u>	<u></u>
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