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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE ALLIAHASSEE FLORIDA

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COVER LETTER

SUBJECT:	MEMOS PAINTING LLC					
SUBJECT:		Name of Lim	ited Liability Company	· , • • • • • • • • • • • • • • • • • •		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		GUILLERMO SIERRA O	RTIZ			
			Name of Person			
			Firm/Company			
		19579 GALLEON POINT	DRIVE			
		LEHIGH ACRES, FLORI	Address DA 33936			
		memoswfpainting@gmail.c	City/State and Zip Code om	 		
		E-mail address: (to be used for future annual report notific	cation)		
For further is	nformation c	oncerning this matter, please co	all:			
GUILLERM	O SIERRA	ORTIZ	239 245-4799 at ()			
	Name o	f Person		Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	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

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

(Name of the Lim	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Florida document number L19000199529	Liability Company were filed on 08-06-19	and assigned
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
MEMO'S PAINTING LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	78 3
Principal office address MUST BE A STRE	ET ADDRESS)	AUG 26
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Enter new mailing address, if applicable:	***************************************	
<u>Mailing address MAY BE A POST OFFICI</u>	E BOX)	07A1
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		records, enter the name of the
New Registered Office Address:		
The state of the s	Enter Florida str	reet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MEMOS PAINTING LLC

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

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	GEORGINA MOELLER	19579 GALLEON POINT DRIVE LEHIGH ACRES, FL 33936	■ Add
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			Change
			
			☐ Remove
			☐ Change
			□ Add
			Remove SECOLOGIC TO Change
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GUILLERMO SIERRA ORT	IZ						
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ective date, if other than the		8/20/19		(optional)		
n effective date is listed, the date mus te: If the date inserted in this blo cument's effective date on the De	t be specific and cam ock does not meet	the applicable	ate of filing or m statutory filin	ore than 90 days	after filing.) Pu	rsuant te I not be	o 605.02 e listed
record specifies a delayed The 90th day after the reco		, but not a	n effective t	ime, at 12:	01 a.m. on	the e	arlier
August 20	20	019					
	,	Not					

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00