

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



400337338704

11/25/19--01030--027 **25.00

Y SULKER DEC 2 -, 2019

COVER LETTER

Division of Cor	porations					
A.K. PAIN SUBJECT:	TING & WATERPROOFING I	LLC				
SUBJECT:	Name of Limit	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspo	ndence concerning this matter t	o the following:				
	Delnis N. Arriaga Maldona	do				
		Name of Person				
	A.K. PAINTING & WATERPROOFING LLC					
		Firm/Company				
	2647 NW 25TH AVENUE	#507				
		Address	····			
	MIAMI, FL 33142					
		City/State and Zip Code				
	Akconstructiongrp@gmail.c					
	E-mail address: (1	o be used for future annual report notif	leation)			
For further information of	concerning this matter, please ca	ill:				
Delnis N. Arriaga Maldonado 786 298-4887						
Name o	of Person	at () Area Code Daytime	: 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)			

MAILING ADDRESS:

TO:

Registration Section

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 Limi	ted Liability Company as it now (A Florida Limited Liability Cor	appears on our records.)	
	(A Florida Limited Liability Cor	npany)	
he Articles of Organization for this Limited L	iability Company were filed	on <u>08/16/2019</u>	and assigned
lorida document number L19000210084			
his amendment is submitted to amend the foll			
. If amending name, enter the new name o	of the limited liability comp	oany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" o	ir the abbreviation "L.L.C."
nter new principal offices address, if applie	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		··· <u>-</u> ·
		_	
			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	· ROX)		
duting dutiess DIAT BLATOST GITTEL			
		_	
3. If amending the registered agent and egistered agent and/or the new registered of		ress on our records,	enter the name of the
egistered agent and/or the new registered of	omee address here.		
Name of New Registered Agent:	DELNIS N. ARRIAGA N	IALDONADO	
New Registered Office Address:	2647 NW 25TH AVENU	E#507	
The William Control of the Control o	- F	nter Florida street address	
	MIAMI	. Flori	ida 33142 Zip Code
	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>	<u>Address</u>	Type of Action
AMBR	DELNIS MALDONADO		
		2647 NW 25TH AVENUE MIAMI, FL 33142	■ Remove
			□ Change
AMBR	DELNIS N. ARRIAGA MALDONADO	2647 NW 25TH AVENUE #507 MIAMI, FL 33142	
			Remove
			Change
			Remove
			Change
		<u> </u>	□ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change

		<u> </u>		ORRECT NAM			
	•	<u> </u>		- -			
							
						<u> </u>	
	 				<u> </u>	<u> </u>	
		_	<u> </u>	<u> </u>			
						<u> </u>	
	<u>.</u>	- -	···				
						4:	15
te: If the da	e, if other than the is listed, the date are inserted in thi ective date on the	is block does n	ot meet the a	ipplicable stati	tiling or more the story filing requ		ial) lling.) Pursuant to 605. date will not be liste
record sp he 90th d	ecifies a dela day after the	yed effectiv record is file	ve date, bu ed.	ut not an ef	ective time,	at 12:01 a.	m. on the earlie
NOVE	MBER 15TH,		2019				
<u> </u>			 7				

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00