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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Bonillas Painting L. 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: |
| Maurico Bonilla Name of Person |
| Firm/Company |
| 441 Racetrack rd Now. 104 48 |
| Fort Walton BCH FL 32547 City/State and Zip Code |
| Bon: 1/as Painting LLC E-mail address: to be used for future annual report notifications |
| For further information concerning this matter, please call: |
| Mauvicio Roulla at (850) 374-2915 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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|--|---|---|--|--|
| | | 2022 AUG -9 PH 1:07 | | |
| Bonillas Pcin | 14.09 L | <u> </u> | | |
| (<u>Name of the Limited Liabilit</u>) Compan (A Florida Limited Li | iv as it now appyars on ou inbility Company) | TALLARI SEE, F | | |
| | 1 1 | 23 / 2020 and assigned | | |
| The Articles of Organization for this Limited Liability Company | were filed on _O_I | and assigned | | |
| Florida document number <u>L 2000029400</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | | |
| Performing Coat | ing 11c | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designat | ion "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
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| | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our record | is, enter the name of the new register | | |
| agent and/or the new registered office address nere. | | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | Enter Florida str | reet address | | |
| | Pl | | | |
| | City | Florida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agr | | city. I further garee to comply with t | | |
| provisions of all statutes relative to the proper and complete | performance of my a | luties, and I am familiar with and 🥏 | | |
| accept the obligations of my position as registered agent as I | provided for in Chapt | ter 605, F.S. Or, if this document is - | | |
| being filed to merely reflect a change in the registered office | address, I hereby co | njirm that the umited 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 Type of Action <u>Address</u> Title Name _ □Add _____ 🗆 Remove ☐ Change _____ □Remove _____ □Change _____ Remove _____ □Change

| | Email. | | | | | ~ |
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| ote: If the date inso | her than the date of ed, the date must be speci crted in this block does date on the Departmen | not meet the appili | table gramon's to | (op) more than 90 days aft ng requirements, th | ional) er filing.) Pursuant to 6 iis date will not be l | 05.0207 isted as |
| ecord specifies a de is filed. | elayed effective date, b | ut not an effective t | ime, at 12:01 a.m | , on the earlier of: | (b) The 90th day a | fter the |
| nted <u>& /</u> | 8/22 | <u> </u> | <u> </u> | | | |
| | Sygnatur | re of a member or and | iorized representati | ve of a member | | |
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Filing Fee: \$25.00