

L20 000044923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

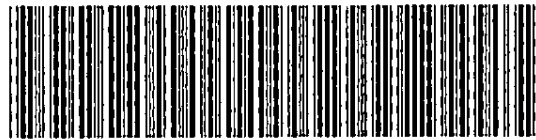
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 24 AM 11:56
CLERK OF STATE
TALLAHASSEE, FL

82 10/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

LAGOS PAINTING AND REMODELING SERVICES LLC

SUBJECT: _____
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:

CARLOS LAGOS

Name of Person

LAGOS PAINTING AND REMODELING SERVICES LLC

Firm/Company

618 GAP CREEK DR APT 24

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

DAVID@NOTARIA.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALMA GEORGINA AVILA MADRID

850

543-1320

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

LAGOS PAINTING AND REMODELING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB, 07, 2020 and assigned
Florida document number L2000004923

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

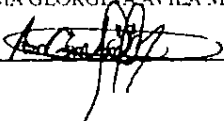
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	<u>Type of Action</u>
AMBR	ALMA GEORGINA AVILA MADRID	618 GAP CREEK DR. APT 24, FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Add
		618 GAP CREEK DR. APT 24, FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS LAGOS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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THE STATE
OF FLORIDA

2020 SEP 24 AM 11:56

7
RECEIVED
JUN 10 1964
FBI
JUN 10 1964

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

SEPTEMBER 15TH 2020

Dated _____

SEPTEMBER 15TH

2020

Dated _____,

Signature of a member or authorized representative of a member

Alma Georgina Avila Madrid

Typed or printed name of signee