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COVER LETTER

iO:	Division of Corpo				
SUBJEC	CT:	Appaloosa Po	ainting LLC ted Liability Company		
The encl	osed Articles of An	nendment and fee(s) are subt	mitted for filing.		. • •
Please re	turn all correspond	ence concerning this matter t	to the following:		
		Heri	berto Chicas Gom Name of Person	ez	
		Нерга	loosa Painting LLC		Gr : :
		2215	3 d Avenue East Address		2279
		Brade	enton, Florida 34 City/State and Zip Code	208	2323 OCT -7
		heriberto F-mail address: (t	0 465 gomez@gma o be used for Juture annual report notifie	cation)	PH 2: L
or furth	er information con	cerning this matter, please ca	all:		en en
	Heriberto Name of Po	Chicas Gomez	at (941) 303 - Area Code Daytime	7693 Telephone Number	
Enclosed	I is a check for the f	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 Certificate of Certified Cop (additional copy)	Status &
	Mailing Address:		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



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

Appa	loosa Painting LLC	
(Name of the Limited Li (A F)	ability Company as it now appears on or lorida Limited Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L20000793</u>	ity Company were filed on $03/$	11 2020 and assigned
This amendment is submitted to amend the following	R:	
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
	 	20
		Ö
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	P :
		₩.
		(); 6 0
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registere
Name of New Registered Agent:	Heriberto Chi	cus (somez
New Registered Office Address:		
- · · - ·	Enter Florida str	vet address
		Florida
_	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.

Hetiberto (hi (75 Gome 2)
If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR	Heriberto Chims Gomez	2215 31d Ave. E.	XAdd
		Brudenton, FL 34208	□Remove
			□Change
			□Remove
		- 4 !	□Change
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ective date, if other that effective date is listed, the date: If the date inserted in tument's effective date on	this block does not	meet the applica	11 / 203 C to date of filing or a able statutory fili	more than 90 days ng requirements	optional) after filing.) s, this date	Pursuant to 605.02 will not be listed
cord specifies a delayed el	ffective date, but no	ot an effective tir	ne, at 12:01 a.m	. on the earlier c	of:(b) Tha	e 90th day after th
ed <u>Septembe</u>	Hetibelt Signature of a	. 2020				