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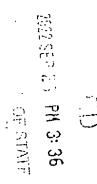
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A. RIVERS DEC 1 9 2022



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## **COVER LETTER**

Registration Section

TO:

Division of Corp	porations		
YANEZ PA	INT AND DEMOLITION		••
SUBJECT:	Name of Limi	ted Liability Company	<del>-</del>
The enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEJANDRO YANEZ GU	JASCH	
		Name of Person	<del></del>
	YANEZ PAINT AND DEM	MOLITION LLC	
		Firm/Company	
	311 NE 19TH TER		
		Address	
	CAPE CORAL FLORIDA	33909	
	11 10005	City/State and Zip Code	
	maiky1989@yahoo.com E-mail address: (i	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ıll:	
ALEJANDRO YANEZ		305 2069200 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/12/2020}{\text{Elorida document number}}$	_	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
YANET PAINTING AND FINISHING L.L.C		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
<del></del>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	<u>ime (</u>	of the new registerec
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida street address , Florida	77,	2022 S. Zig 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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Cheing filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	)1:21 	this document is

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			Remove
			□Add
			Remove
			☐ Change

Flective date, if other than the date of filing:		
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lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  SEPTEMBER 19TH		
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Dated	<u>lote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member of authorized representative of a member	ated _	SEPTEMBER 19TH 2022
Signature of a member of authorized representative of a member		$\mathcal{A}\mathcal{M}$
		/ <sup>3</sup> */