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COVER LETTER

TQ:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: 68 J 6000 TOR	PAINTING AND RERTORATION
The enclosed Articles of Amendment and fee(s) are s	submitted for tiling.
Please return all correspondence concerning this matt	er to the following:
	Se Flores Name of Person
	Jose Flores Firm Company
<u>776.1_n</u>	UKendoul DR Apt D314
	FL 33156 City/State and Zip Code
Josef Fbir	(to be used for future annual report notification)
For further information concerning this matter, please	call:
JOSP Flores Name of Person	at (305) 282-7087 - any 4 ml Area Code Daytime Telephone Number
inclosed is a check for the following amount:	
☐ \$25 00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MAY 10 am 9: 11

The Articles of Organization for this Limited Liability Company were filed on 03 17 2020 and assigned Florida document number <u>17,000,00</u> 84265 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) 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Aurileide Vieira Da Silva	Miami FL 33156	
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red MOY 05' 2022.	
Signature of a member of authorized representative of a member	
Co Theorem	
Typed or printed name of signee	

Filing Fee: \$25.00