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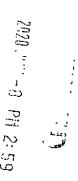
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COVER LETTER

Division of Co	rnorations	_	
Fl	M PROFFESION	DAL PA: NTING L	LC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marco 1	QUERDLES Name of Person	
		Name of Person	
	FIMITZO	Firm/Company	ing Lic.
		Firm/Company	
		UE BRANCH RI	
		Address	
	DRLBNDO,	FL 32811	
		City/State and Zin Code	
	QueralesMi	accord grail. com	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	ail:	
Morco	Queroles	<u>at (404)</u> 435-	-9508
	of Person	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 Addre		Street Address:	
Registration	Section Corporations	Registration Sect Division of Corp	
P.O. Box 63		The Centre of Ta	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIH TROFFESIONIAL	PAINTING LLC %
(Name of the Limited Liability Compa (A Florida Limited I	TAINTING LLC Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_2000 125419\)	= = 1 0 h = = = = =
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	
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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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.

City

If amending Aut's prized 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
MGR	Marcos Overales	4728 OLIVE BREANCH RD	
		AFT 503	
		Drus PDO, FL 32311	∐Change
Mor	Marco Querales	Drun 100, FL 32311 4728 Olive Bearior Ro Apt 503	<u>}</u> ∡vaa
		ORLANDO FL 32811	Remove
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			□Change

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`an effective date is i Vote: If the date ir	other than the date of filing:	
record specifies a t is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
pated June	02 2020	
	Signature of a member or authorized representative of a member	
	Mbeco Useables Typed or printed name of signee	