## L20000159641

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

, TO: · Registration Section

**Division of Corporations** 

	NING REPAIR PAINT LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	EXAV	TIER'S CABAN COLLAZO		
	9	Name of Person		
		Firm/Company		
	3350 W	V HILLSBOROUGH AVE Apt # 1016		
		Address		
		TAMPA FL 33614		
		City/State and Zip Code		
	EXAV	/IERCABAN123@GMAIL.COM	(A) →(T)	207
	E-mail address: (	to be used for future annual report notification)	A CR	2020 JUL
For further information c	oncerning this matter, please c	all:	<b>≥</b> 3	
EVAVIER S	S CABAN COLLAZO	813 215 9040 at ( )	ASSE	IS PH
Name o	f Person	Area Code Daytime Telephone Number		7:24
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status	
Mailing Addres		Street Address:		
Registration : Division of C		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDR CLEANING DEDAID DAINT LLC

	nited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	<del></del>
The Articles of Organization for this Limited Florida document number <u>L20000159641</u>			and assigned
This amendment is submitted to amend the fo	llowing:		
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	e designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or gent and/or the new registered office address	registered office address on our		TALLAHASSEE, The mew regions of the new regions.
Name of New Registered Agent:	LUIS A SANTIAGO		
New Registered Office Address:	7003 N DUCAN AVE APT A		
		orida street address	
	TAMPA	, Florida	33604
	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.

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>	Address	Type of Action
P	LUIS A SANTIAGO	7003 N DUCAN AVE APT A TAMPA FL 33604	\exists Add
		EVAVIER S CABAN COLLAZO	<b>≅</b> Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
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CPR CLEANING REPAIR PAINT LLC. I AM AUTHORIZING LUIS A SANTIAGO AS NEW REGISTERED AGENT OF CPR CLEANING REPAIR PAINT LLC.	ТНЕ	
NEW REGISTERED AGENT OF CPR CLEANING REPAIR PAINT LLC.		
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