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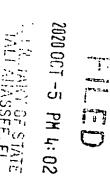
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Colors and Clean Paint Name of Limited Liability Compa	ting Services LLC
Name of Limited Liability Compa	any U
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bruno Bardier Ca.	rdoso
Name of Fer	QII
Colos and Clean Pai	nting Services LLC
5430 Deerbrooke	Creek Cir apt. 16
Tanpa/FL 33 City/State and Zi	3624
Colorsandclean@gr. E-mail address: (to be used for foure	nail com
E-mail address: (to be used for forture	annual report notification)
For further information concerning this matter, please call:	
Bruho Bardier Cardoso at 8/3 Name of Person Area Co	703-7863
Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Certificate of Status \$\Bigcup \$60 Certified Contact (additional contact to the contac	
· · · · · · · · · · · · · · · · · · ·	reet Address:
	egistration Section
Division of Corporations D	ivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
		NSSE P III
Enter new mailing address, if applicable:		E.FL
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new regi
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida Ziv 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			
MGR	Samuel A. Adorno	10502 Willowbrae Dr	<u>⊯</u> ∧dd			
		10502 Willowbrae Dr Tampa, FL 33624	□Remove			
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			□Add			
			🗀 Remove			
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ective date, if other the effective date is listed, the	date must be specific	c and cannot be pric	or to date of filing or	more than 90 days a	ptional) ifter filing.) Pursua	int to 605.0	207
e: If the date inserted inment's effective date (n this block does r on the Department	not meet the appli of State's record	cable statutory fi s.	ling requirements,	this date will no	t be listed	l as
oord specifies a delayed s filed.	effective date, but	t not an effective	time, at 12:01 a.r.	n, on the earlier of	(b) The 90th	day after t	ihe
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