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Certified Copies	Certificates	s of Status
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AUG 1 9 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JULIO	PAINTING LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		JULIO TUM ITZEP	
		Name of Person	
		JULIO PAINTING LLC	
		Firm/Company	
		4431 SEMINOLE ST	
		Address	
		FORT MYERS FL, 33905	
		City/State and Zip Code	
	E muit addes	to be used for future annual report no	
L'az farthaz information a	oncerning this matter, please c	·	micadon)
	oncerning this matter, please c		
JULIO TUM ITZEP		239 4403800 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

j

JULIO PAINTING LLC		1
(<u>Name of the Limited Liab</u> (A Flore	ility Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on JUNE 22, 20.	
Florida document number L20000175622	<u></u> .	. <u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	ddress
		, Florida
	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
MGR SANDRA QUIROGA	4431 SEMINOLE ST	□Add	
	FORT MYERS FL, 33905		
MGR JULIO TUM ITZEP	4431 SEMINOLE ST	= Add	
	FORT MYERS FL. 33905	□Remove	
			Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

E. Effective date, if other than the date of filing: ((optional)) (If an effective date is listed, the date must be specific and cumual be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 ecord is filed. Dated July 1 2020	D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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Dated July 1 , 2020		
	Dated	Child C
Signature of a prember of authorized representative of a member		
Sandra Quiroga Typed or printed name of signee		