L20000 185498

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COVER LETTER

'TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

NUMBER SUBJECT:	1 PAINTING & REMODELIN	NG LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JESUS FERNANDEZ		
		Name of Person	
	MYOFB ENTERPRISES	LLC	
		Firm/Company	
	1301 SW 142 COURT		
		Address	
	MIAMI FLORIDA 33184	-3225	
	JFERNANDEZ626@COM	City/State and Zip Code CAST.NET	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
JESUS FERNANDEZ		305 491-6434 at ()	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address Registration : Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NUMBER 1 PAINTING & REMODELING LLC

2017,000 20 7211:54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number L20000185498	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Name Descriptioned Amenda Vision 1911	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ARCADIO SUAREZ	1302 SW 142 COURT	
		MIAMI FLORIDA	
		33184-3225	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			Change
		-	□Add
			Петоче
			□ Change

Effective date, if other than the date of filing:		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Dated	
	Dated	Signature of Amuliber or authorized representative of a member

Filing Fee: \$25.00