## L20000233020

(Requestor's Name)	
(Address)	00035411
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	, 10/23/2001013
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Aloo!	's Custom	Paintino LLC	
Subject. 1 1 1001	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Abelando	Aldana	
	_	Name of Person	
	Abel's Cus	stom Painting	<u>lic</u>
		Firm/Company )	
	200 Graun	1 Dave Circ	10
	SCO CONTRACTOR	Address	
	Inlind Acres	es to 32921	<i>a</i>
	Ce man inci	eS FC 3393 City/State and Zip Code	
	tania - alda	na Gyahov. Cov to be used for future annual report now	<u>~</u>
	E-mail address: (	to be used for future annual report noti-	fication)
For further information	concerning this matter, please co	all:	
Abelardo	Aldana	<u> </u>	- 0359
	of Person	Area Code Daytim	e 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 Division of (	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	27	The Centre of T	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 08/04/200 Florida document number <u>L,2000</u>233030 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation 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 OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

Cirv

\_. Florida \_\_\_

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

Title	<u>Name</u>	Address	Type of Action
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		Letigh Acres, Fl 33936	Dr.Remove
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If an effective date is Note: If the date	f other than the date s listed, the date must be s inserted in this block d tive date on the Depart	pecific and canno oes not meet th	e applicable si		than 90 days afti		
e record specifies rd is filed.	a delayed effective date	e, but not an ef	ective time, at	12:01 a.m. on	the earlier of: (	b) The 90th	day after th
	22	. 20	<u> </u>				
	Chela	ndo	(  ,   )	danc	<u> </u>		
<del></del>		ture of a membe	r or authorized	representative of	a member		

Filing Fee: \$25.00