L20000239950

(Re	equestor's Name)
(Ad	idress)
(Ad	ldress)
(Cit	ry/State/Zip/Phone #)
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COVER LETTER

	Registration Se Division of Cor		*	4
SHB IEA	J.O PRO P.	AINTING LLC		
SOBJEC		Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DAAL MORILLO, JORG	E t.	
			Name of Person	
		J.O PRO PAINTING LLC		
			Firm/Company	
		3323 ROCK VALLEY DE	₹	
			Address	
		HOLIDAY, FL 34691		
		jorgedaal3333@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	(ification)
For furth	er information c	oncerning this matter, please c	all:	
DAAL N	AORILLO, JOR	GE L	813 4514435 at ()	
	Name o	f Person	Area Code Daytin	nc Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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		<u>Street Address:</u> Registration Se	vetion
	Division of C		Division of Co	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG 24 PM 1: 15

5.01 ROTHINTING ELC		PEUR TERY of Area
(Name of the Limited (A	Liability Company as it now appears on or Plorida Limited Liability Company)	IT TOOTH AHASSEE, FL
The Articles of Organization for this Limited Liab Florida document number 1,20000239950		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LO PRO PAINTING LLC

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 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
AMBR	OSMARY VILLEGAS UTRERA	3323 ROCK VALLEY DR HOLIDAY, FL 34691	= Add
			□Remove
			□Change
			□Add
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ective	date, if other th	nan the date of	filing:			(optional)	
n effectiv <u>te:</u> If t	re date is listed, the he date inserted i	date must be specifi	ic and cannot be p not meet the ap	prior to date of fit oplicable statute	ling or more than 9 ory filing require	0 days after filing.)	Pursuant to 605.020 will not be listed as
ecord sp is filed.	ecifies a delayed	effective date, bu	it not an effecti	ve time, at 12:0)1 a.m. on the ea	rlier of: (b) The	e 90th day after the
ed _8	123/2023						
	<u>.</u>	Signature	Och Da	authorized rence	sentative of a mem	ber	

Filing Fee: \$25.00