


L20 000 320 666 

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

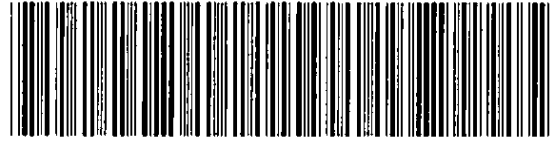
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2 CAN DO ALL PAINTING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZULEMA P VILCHEZ ESCALANTE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5531 POTOMAC AVE

\_\_\_\_\_  
Address

JACKSONVILLE, FL, 32254

\_\_\_\_\_  
City/State and Zip Code

EXPERTAX.JAX@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZULEMA P VILCHEZ ESCALANTE

904 556-1187  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 Address:**

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

**Street Address:**

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

## 2 CAN DO ALL PAINTING LLC

The Articles of Organization for this Limited Liability Company were filed on 09/03/2024 and assigned  
Florida document number L20000320666.

**A. If amending name, enter the new name of the limited liability company here:**

**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 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

City:

**Florida**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VILCHEZ ESCALANTE ZULEM.	5531 POTOMAC AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32254	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	OLVERA HERNANDEZ, ROGEL	5531 POTOMAC AVE	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32254	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BONILLA VILCHEZ, KEVIN R	5531 POTOMAC AVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE TITLE MGR TO VILCHEZ ESCALANTE, ZULEMA P AND OLVERA HERNANDEZ, ROGELIO C

ADD NEW OWNER BONILLA VILCHEZ, KEVIN R

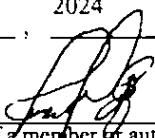
**E. Effective date, if other than the date of filing:** 09/03/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 record is filed.

Dated SEPTEMBER 3RD, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

VILCHEZ ESCALANTE, ZULEMA P

\_\_\_\_\_  
Typed or printed name of signee