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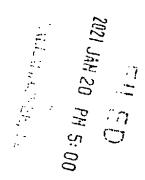
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	G & R PAINTING LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	į.	RAUNEL RAMOS REYES	
		Name of Person	
		Firm/Company	
	3002 FOUNTAINE	IEAD CIR APT 111	
		Address	
	MELBOURNE, FI	. 32934	
		City/State and Zip Code	
	Glendaramos614@yahoo.co		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
GLENDA LEE RAMO	o'S	321 525-1819	
Name	of Person	at () Area Code Daytin	ne 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 Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & R PAINTING LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any ay it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/29/2020	and assigned
lorida document number 1.20000343715		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liah	sility Company " the designation "H C" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	my company. The designation 1988 of the aid	/ 28
•••		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	- E
		8
	(4) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	P 1
nter new mailing address, if applicable:	<u> </u>	_
Mailing address MAY BE A POST OFFICE BOX)	··	. .
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new regi
New Registered Office Address:	Enter Florida street address	
	vmer r iorida street adaress	
	, Florida	
	City	Zip Code

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

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	RAUNEL RAMOS REYES	3002 FOUNTAINHEAD CIR APT 111	≣ Add
		MELBOURNE, FL 32934	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Tective date an effective de	, if other than the da	te of filing: specific and cannot	be prior to date of fit	ling or more than 90	(optional) days after filing.) Pursu	ant to 605 0207
ote: It the d	te inserted in this block	does not meet the	e applicable statute	ory filing requirem	ents, this date will no	ot be listed as
eument s er	ective date on the Depa	riment of State's i	ecords.			
ecord specif	es a delayed effective da	ate, but not an effe	ective time, at 12:0)1 a.m. on the earl	ier of: (b) The 90th	day after the
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