## K21000046144

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	INTING SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCO A. SANCHEZ B	AHAMONDE	
		Name of Person	
		Firm/Company	
	15 NW 204 STREET, APT	г. 3С	
	MIAMI GARDENS, FL 3.	Address	
	MIAMI CARDENS, LE 3.	City/State and Zip Code	
	MARCOANTONIO76789@ E-mail address: (	GMAIL.COM to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	<b>(</b> )
MARCO A. SANCHEZ	BAHAMONDE	954 534-5820 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.Y.B. PAINTING SERVICES 1.				
( <u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on 01/25/2	021	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	E <b>BOX</b> )			
				CD
3. If amending the registered agent and/or		address on our recor	ds, <u>enter the name</u>	e of the new regi
gent and/or the new registered office addr	<u>ess nere</u> :			. 5
	N/A			<u> </u>
Name of New Registered Agent:				2
New Registered Office Address:	N/A	P 411 45		
		Enter Florida si	reet address	
			Florida	Zip Code
		City		zip Coae

## 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 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>	Name	<u>Address</u>	Type of Action
MGR	JEFF PEREZ	15 NW 204 STREET	■Add
		APT. 3C	□Remove
		MIAMI GARDENS, FL 33169	□Change
			□Add
			□Remove
			☐ Change
			□ Add
		·	□Remove)
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			□Remove
			Change
			□Add
			□Remove
			□Change

N/A 	
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JULY 09, 2	2) 
ctive date, if other than the date of filing:	to date of filing or more than 90 days after filing.) Pursuant to 605.03
e: If the date inserted in this block does not meet the application	able statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
JULY 09 2021	
ed (1021)	<u> </u>
marco souchez	
Signature of a member or author	orized representative of a member

**Filing Fee: \$25.00**