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COVER LETTER

TO:				
CHD IE	A.Y.B.	PAINTING SERVICES LLC		
SUBJEC	-I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		MARCO A SANCHEZ BA	AHAMONDE	
			Name of Person	····
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. um all correspondence concerning this matter to the following: MARCO A SANCHEZ BAHAMONDE Name of Person A.Y.B. PAINTING SERVICES LLC Firm/Company 15 NW 204 STREET, APT. 3C Address MIAMI GARDENS City/State and Zip Code marcoantonio76789@gmail.com E-mail address: (to be used for future annual report notification) etr information concerning this matter, please call: A SANCHEZ BAHAMONDE Name of Person Area Code Name of Person Total Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			
			Firm/Company	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Address: tration Section
		15 NW 204 STREET, AP	ING SERVICES LLC Name of Limited Liability Company Indment and fee(s) are submitted for filing. Independent of the following: MARCO A SANCHEZ BAHAMONDE Name of Person A.Y.B. PAINTING SERVICES LLC Firm/Company 15 NW 204 STREET, APT. 3C Address MIAMI GARDENS City/State and Zip Code arcoantonio/76789@gmail.com E-mail address: (to be used for future annual report notification) ruing this matter, please call: AMONDE: Area Code Area Code Daytime Telephone Number Stouch Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section	
			Address	
		MIAMI GARDENS		
		- -		· · · · · · · · · · · · · · · · · · ·
For furth	er information		·	(incation)
MARCO	O A SANCHE	Z BAHAMONDE		
	Nam	e of Person		me Telephone Number
Enclosed	l is a check fo	r the following amount:		
□ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Add Registration			ection
	_	Corporations		
	P.O. Box 6	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company	were filed on 01/25/2021	and assigned
lorida document number L21000046144		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Inter new principal offices address, if applicable:	N/A	SEC JL
Principal office address MUST BE A STREET ADDRESS)		JL ON DE
		ארט נארן דיי נא
		3
Inter new mailing address, if applicable:		% अ अ
Mailing address MAY BE A POST OFFICE BOX)	N/A	TCR:
naming dadress mili DB. Probl Office Dong		
		
B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new reg
gent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

· 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	RAMOS MARTINEZ, MARIA	15 NW 204 STREET	
		APT. 3C	■Remove
		MIAMI GARDENS, FL 33169	
MGR	PEREZ, JEFF	15 NW 204 STREET	
		APT. 3C	∃ Remove
		MIAMI GARDENS, FL 33169	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		.	□Change
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		07/09/202	22			
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lote: If the date inserte	ed in this block does	not meet the appl	icable statutory fi	ling requirements, th	is date will n	ot be listed as
ocument's effective da	te on the Departmer	ii of State's record	is.			
record specifies a delay	ved effective date by	ut not an effective	time at 12:01 a.i	n on the earlier of: (h) The 90th	day after the
I is filed.	yed effective date, o	at hot an errottive	, ut 12.07 u			any arror arr
		2623				
JULY 09 Dated		· / 2022	•			
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Typed or printed name of signee