

L21000131517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

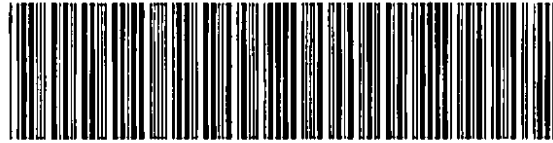
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 8 Splash + Crown 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:

Armando Adolfo Castro Hernandez  
Name of Person

8 Splash + Crown Painting LLC  
Firm/Company

420 winners cir  
Address

Lady Lake, FL 32159  
City/State and Zip Code

acadolfo22@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Castro at (404) 436-4270  
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

8 Splash & Crown Painting LLC  
(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on 3/22/2021 and assigned Florida document number L21000131517.

**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>
AMBR	Marica del Carmen Castillo Ponce	Calzada De Guadalupe	<input type="checkbox"/> Add
		#19A Colonia Lomas	<input checked="" type="checkbox"/> Remove
		Sandiego De La Union, Gto 77850 MX	<input type="checkbox"/> Change
AMBR	Amando Castro Castillo	Calzada De Guadalupe	<input type="checkbox"/> Add
		#19A Colonia Lomas	<input checked="" type="checkbox"/> Remove
		Sandiego De La Union, Gto 77850 MX	<input type="checkbox"/> Change
AP	Alondra Castro Hernandez	420 winners cir	<input type="checkbox"/> Add
		Ladylake, FL 32159 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Karen Castro	420 winners cir	<input type="checkbox"/> Add
		Ladylake, FL 32159	<input checked="" 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.)*

*(This area is for amendments. A diagonal line is drawn across the space.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 August 9, 2021



Signature of a member or authorized representative of a member

Armando Adolfo Castro Hernandez

Typed or printed name of signee