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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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C. BRUMBLEY FEB 2 1 2022



**Registration Section** 

TO:

## **COVER LETTER**

Divisio	n of Corporations				
SUBJECT:				Painting	LLC
	Nar	ne of Lim	ated Liability Compa	ny	

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Imando Castro at 3404 436 - 4270 Area Code Davine Lelenhore Number

Enclosed is a check for the following amount:

₹ 525.00 Filling Fee

☐ \$30.00 Filing Fee & Certificate of Status

 S60,00 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

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ARTICLES OF	AMENDMENT	
-	0	
ARTICLES OF C	DRGANIZATION	
0	)F	
SS plash + Crop Name of the Limited Liability Compa (A Florida Limited	an Raintin my avit now appears on our records Liability Company)	S LLC
The Articles of Organization for this Limited Liability Company	were filed on March 22,	2021 and assigned
Florida document number <u>62 (000 1915 17</u>		<b> _</b> _
This amendment is submitted to amend the following:		
A. If amending name, enter the new mame of the limited liab	ility company here:	
<i>,</i>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
· · · ·		2022
·		
Pater and mailing address. (Compliantia)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		m 3
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter t</u>	the name of the new registered
agent and of the new registered orner address acre.		
Name of New Desidence I Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	Flo	rida
	Ĉiņ	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. Thereby confirm that the limited hability company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
P	Armando Adolfo	440 Winners Cir Lady Lake, FL 32159	Add
	Castro Hernandez	LadyLake, FL 32159	Пепкоус
			⊒Change
			🗌 Add
			Remove
			IChange
			⊒Add
			ERemove
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			=Remove
			⊒Change
<u>.</u>	<u></u>	<u> </u>	🗆 Add
			🗆 Remove
			[] Change

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

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 (iling ) Pursuam 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 fisted 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.

*swan* Dated Signature of a member or authorized representative of a member-Armando 1<u>+ do</u> Hornandez Jolto Castro