## L21000266518

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## **COVER LETTER**

	Registration Se Division of Cor					
CHD IEC		MERITA PAINTING LLC				
SUBJEC	. I i	Name of Lim	ited Liability Company	<del></del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		JHENIFER MATEO FRA	NCISCO			
			Firm/Company			
		4440 NARANJA DR S				
		Address  JACKSONVILLE, FL 32217				
		City/State and Zip Code				
		lasolomeritapainting@gmai				
		E-mail address: (	to be used for future annual report notification)	<del> </del>		
For furth	er information c	oncerning this matter, please co	all:			
JHENIFI	ER MATEO		904 667-7396 at ( )			
	Name o	f Person	Area Code Daytime Telephon	e Number		
Enclosed	is a check for th	he following amount:				
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration S Division of C		Registration Section Division of Corporation	S		
	P.O. Box 632		The Centre of Tallahass			
•	Tallahassee, l	FL 32314	2415 N. Monroe Street,	Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our reed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>06/08/2021</u> _		_ and assigned
Florida document number L21000266518			
This amendment is submitted to amend the following:			
L. If amending name, enter the new name of the limited li	ability company here:		
EF PAINTING PRO LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			N 1
			· .
		(a)	<u></u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		( <del>- (- (- (- (- (- (- (- (- (- (- (- (- (-</del>	<del></del>
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3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name	of the new regi
Name of New Registered Agent:			
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·		· <del>-</del> -
New Registered Office Address:	F	11	<del></del>
	Enter Florida street address		
·		_, Florida	7: 0.1
	City		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, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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			☐Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	prior to date of filing of more than 90 days after filing.) Pursuant to 905.0.
te: If the date inserted in this block does not meet the ap tument's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will not be listed ords.
·	
	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
s filed.	
AUGUST 21 2024	
ed	·
HARA C	
	authorized representative of a member

Filing Fee: \$25.00