121000268776

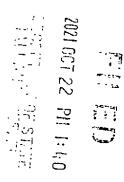
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700374341267

10/22/21--01012--002 **25.00



A. BUTLER NOV 04 2021

COVER LETTER

TO: Registration Sec Division of Cor			
L.A Paintin			
SUBJECT:	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS PORTILLO		
		Name of Person	
		Firm/Company	
	981 SW HALLEYBERRY	AVE	
		Address	
	PORT ST. LUCIE, FL 349	953	
	Groupenamorado@gmail.cc	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
LUIS PADILLA		561 3583298 at ()	
Name of	Person		me Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA PAINTING SERVICES LLC	2021 OCT 22 PH L: 40
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000268776	TALL SECTION
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, Florida ___

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>	Type of Action
MBR	LUIS PORTILLO	981 SW HALLEYBERRY AVE	
		PORT ST. LUCIE FL 34953	
			□Change
MBR	LUIS PADILLA	981 SW HALLEYBERRY AVE	= Add
		PORT ST. LUCIE FL 34953	□ Remove
			□ Change
			Remove
		-	
			□ Add
			Change
			□Add
			□Remove
		·	□Add
			□Remove
			□Change

-	
_	
-	
-	
-	
-	
_	
-	
-	
-	
_	
-	
-	
-	
_	
-	
ote:	ive date, if other than the date of filing:
recor I is fi	d 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 led.
اممع	10-14-2021
aicu	huie teolelle
aicu	10-14-2021 Leadelle Signature of a member or authorized representative of a member