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TO:

то:	Registration Section Division of Corporati	ons		
eum tr	CT.	A&G PAINTING) AND REMODELING LLC	
SUBJE	ECT:	Name of Lim	ited Liability Company	
The end	closed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please (return all correspondenc	e concerning this matter	to the following:	
		DSWALDO AGELVIS		
	_		Name of Person	
		A&G PAINTING A	ND REMODELING LLC	
	_		Firm/Company	
		5535 IST AVE E AI	PT 303	
	_		Address	
		BRADENTON, FL 3420	98	2022 OCT 11 1 SECRETARY TALLAHAS
	_		City/State and Zip Code	
		JESUS@ZASZACCO	JNTING.COM to be used for future annual report notification)	芸二
				SSS 24
For fur	ther information concerr	fing this mutter, please c	all:	PH 3: -
OSWA	ALDO, AGELVIS		786 340-2118 at ()	PAR 5
	Name of Perso	n	Area Code Daytime Telephone l	Number
Enclose	ed is a check for the follo	owing amount:		
■ \$2.	5.00 Filing Fee ☐	\$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed: Conditional condition	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address: Registration Section Division of Corpore P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&G PAINTING AND REMODEL	LING LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/10/2021</u>	and assigned
Florida document number 1.21000271568		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
		(0.0)
		£ 2022 OI SECRE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- .	
		50 [−] 1
B. If amending the registered agent and/or registered office	address on our records, <u>enter tl</u>	ne name of the new registered
agent and/or the new registered office address here:		I.S
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	147
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity. I furt e performance of my duties, and provided for in Chapter 605. F.	I am familiar with and S. Or, if this document is

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>	Type of Action
MGR	RAMON E C	ARCIA SERRANO	2513 NW 15TH AVE CAPE CORAL FL 33993	≣ Add
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				□Change
			<u></u>	🗆 Add
				_ □Remove
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i effect <u>te:</u> - If	ive date is listed, the the date inserted i	an the date of filing:	filing or more than 90 days after	ional) r filing.) Pursuant to is date will not be	605.0201 listed as
cord s s tiled	specifies a delayed L	effective date, but not an effective time, at 12	:04 a.m. on the earlier of: (t	o) The 90th day a	fter the
ed	October 6th	. 2022	A.		
			H		
		Signature of a member or authorized repr	sontative of a member		
		OSWALDO, AGI	ET VIS		

Filing Fee: \$25.00