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COVER LETTER

Division of Corporations
SUBJECT: Alberto Gadea Professional 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:
Alberto Gadea - Lopez
Name of Person
Alberto Cadea Professional Painting LLC
618 Copper Beech Blv 2
Deltona, Fl 32725
Deltona, Fl 32725 City/State and Zip Code ag professional painting Ilc & outlook. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelos D. Maymi at 321 543 - 5148 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Alberto Gadea Kote	issional tainting LLC	-	
(Name of the Limited	Liability Company as it now appears (Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab		aly 6, 2021	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of t	ne limited liability company her	<u>:</u>	
The new name must be distinguishable and contain the work	ls "Limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		
B. If amending the registered agent and/or reg		ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Angeles D. Maym	i Aponte	- 13 P. O
New Registered Office Address:	Enter Florid	a street address	127 12
	<u> </u>	, Florida	س بدور
	Citv		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.

Ungel W. Mayn.' Sports

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto Gadea Lopez		□Add
			□Remove
		618 Copper Beech Blvd Deltura Fl 32725	<u>></u> D∕hange
			□Add
		-	□Remove
			□ Change
			🗆 Add
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Signature of a member or authorized representative of a member	<u> </u>

Filing Fee: \$25.00