

L21000314369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

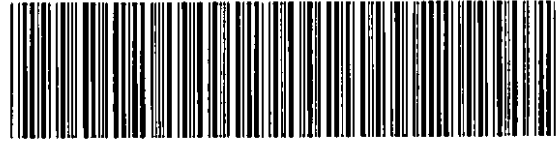
(Document Number)

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APR 10 2023

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FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:

GuadaPro Painting LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

I return all correspondence concerning this matter to the following:

Julian Guada

Name of Person

GuadaPro Painting

Firm Company

2351 Havenbrook Ct

Address

Tallahassee FL 32303

City/State and Zip Code

Guadaservice25@gmail.com

E-mail address: (to be used for future annual report notification)

Other information concerning this matter, please call:

Julian Guada

Name of Person

at 32303

Area Code

786 649 8190

Daytime Telephone Number

enclosed is a check for the 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

Guada Pro Painting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 APR 10 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on July 9, 2021 and assigned
the document number L21000314369

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Any new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If amending principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If amending mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I do 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 understand 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

- MR = Manager
- BR = Authorized Member

• BR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 filing date.

Dated _____, _____.

Sub:

Signature of a member or authorized representative of a member

JULIÁN GUADALUPE

Typed or printed name of signee