

121 000350590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

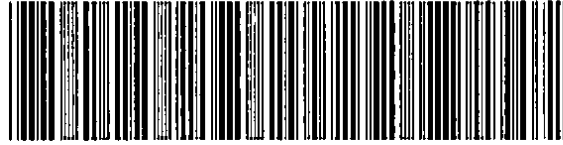
(Business Entity Name)

(Document Number)

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2021 AUG 30 AM 12:43
SECRETARY OF STATE
TALLAHASSEE, FL 32310

09/16/2021
JH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broche 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:

Ramon Joel Broche
Name of Person

Broche Painting, "LLC"
Firm/Company

4995 East Eighth Avenue
Address

Hialeah, FL 33013
City/State and Zip Code

generalmetal3535@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Joel Broche at (305) 310 - 2620
Name of Person Area Code 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

FILED
2021 AUG 30 AM 12:44

Broche Painting, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 03, 2021 and assigned Florida document number 221000350590.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ASST	Adrian Jimenez	4995 East Eighth Avenue	<input type="checkbox"/> Add
		Hialeah, Fl. 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Ramon Joel Broche	4995 East Eighth Avenue	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Adrian Jimenez	4995 East Eighth Avenue	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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