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T. MATTHEWS OCT 28 2021

## COVER LETTER

TO: Registration Se Division of Cou		•	•
(14 14 14 17 C) (C)	AINTÍNG LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DONY MISAEL SANCH	EZ PORTILLO	
		Name of Person	
		Firm/Company	
	1741 3rd Avenue N Apt 2		
	-	Address	
	Lake Worth, FL 33460		
	misaelportillo628@gmail.co	City/State and Zip Code	
	,	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Donny Misael Sanchez I	Portillo	561 598-4600 at ( )	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 21 007 19 PH12: 25 **OF**

DONY'S PAINTING LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<del>, , , , , , , , , , , , , , , , , , , </del>	
The Articles of Organization for this Limited Liability Company Torida document number <u>L 21 00037-D214</u> .	y were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3767 Military Trail		
Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33463		
	3767 Military Trail		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, Fl. 33463		
Mulling quaress MAT BE AT OST OTTICE BOX)			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	-		
	Enter Florida street address		
	City	, Florida Zip Code	
iew Registered Agent's Signature, if changing Registered Agent	•	Dip Com	
ten registered regent of the date of the control of	<b>≟</b>		

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = AMBR =	Manager Authorized Member		21.007.10.0040.05
Title	Name	Address	21 007 12 PH12: 25 <u>Type of Action</u>
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
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21 00	17 19 PH12: 25
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ective date, if other than the date of filing:	(optional)
reffective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be prior to date of filing or more than  1 effective date inserted in this block does not meet the applicable statutory filing requi	190 days after filing.) Pursuant to 605.020
terment's effective date on the Department of State's records.	rements, this date will not be fisted as
ecord 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
s filed.	, , , , , , , , , , , , , , , , , , , ,
ted October 6th	
W/W	
J. J	
Signature of a member or authorized representative of a me	ember
Signature of a member or authorized representative of a me	ember

Filing Fee: \$25.00