L21000411540

(Requestor's Name)	—
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

Division of Corpora	tions		•		
вивыест: <u>Агсоігі</u>	5 Painting S	Ervices LC led Liability Company	• •		
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.			
Please return all corresponden	ce concerning this matter to	o the following:			
- -	Tejada Port	hillo Isc Osmic Name of Person Hing Services L Firm/Company	10		
-	HWITIS TOW	Firm/Company	<u></u>		
-	78 ANN St				
• =	Santa Rosa B	COCH FL 374 5 9 City/State and Zip Code			
- -	Taxes Jose Fino E-mail address: (to	De used for future annual report notif	fication)	2021 OCT 13 SECVE XXX	المد
For further information conce	rning this matter, please ca	II:			•.
Josefing Bar	OCTOS Son	at (850) 496-C Area Code Daytime	1092 e Telephone Number	3 AH 10: 29	- ran
Enclosed is a check for the fo	llowing amount:			1	
☐ \$25.00 Filing Fee ☐	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address:		Street Address:			

TO:

Registration Section

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

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

	City		Code	
	(2015) 1 1/2 MM (1)	, Florida		
New Registered Office Address:	Enter Florida si	treet address		
Name of New Registered Agent:		. ,	· · · · · · · · · · · · · · · · · · ·	
agent and/or the new registered office address here:		n n	ف	
B. If amending the registered agent and/or registered of	office address on our recor	ds, enter the name of the	he Hew	registere
		() -	Ē	7 5
Mailing address MAY BE A POST OFFICE BOX)			$\overline{\omega}$	
Enter new mailing address, if applicable:			1.30	100 mm
		TA TA	2021	
Principal office address MUST BE A STREET ADDRE			- t	
Enter new principal offices address, if applicable:				
he new name must be distinguishable and contain the words "Limite	d Liability Company," the design	iation "LLC" or the abbreviat	ion "L.L.	C."
-				
A. If amending name, enter the new name of the limite	ed liability company bere:			
This amendment is submitted to amend the following:				
Florida document number <u>L21000411540</u>				
The Articles of Organization for this Limited Liability Cor	mpany were filed on OH	6/2021 a	nd assig	ned
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	 ,	
Arcoins Painting Serv	nices LLC			

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 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 Title Name **Address Type of Action** MGR Remove ☐ Change □ Remove Change □Add □Remove _____ □Change _____ 🗆 Add _____ □Remove □ Change _____ □Add □Remove

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	ctive date on the)8			. co mired di
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