4/20/22, 1:01 PM

Division of Corporations

Florida Department of State

Physica of Corporations

Clicctronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	022 /
To:		PR 2
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		Ÿ
	Account Name : LICENSES & PERMITS LLC	
	Account Number : I20210000155	7
	Phone : (305)226-8727	
	Fax Number : (305)226-8767	

•Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

FWSTT	Address:	 	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DMG RENOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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## COVER LETTER -

TO:	Registration S Division of Co		•	
SUBJEC	DMG RE	NOVATIONS, LLC		
JUBJEC	-li <u></u>	Name of Lin	nited Liability Company	-
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn ali corresp	ondence concerning this matter	to the following:	
		LUCIA ESTRELLA		
			Name of Person	
		LICENSES & PERMITS		
			Firm/Company	<u></u>
		8300 WEST FLAGLER \$	τ	
			Address	
		MIAMI, FL 33144		
			City/State and Zip Code	
		RUTHLEDESMA@BELL	SOUTH.NET	
		E-mail address: (	to be used for future annual report no	tification)
For furth	er information (	concerning this matter, please c	all:	
LUCIA	ESTRELLA		305 226-8727	
_	Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.	00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	antine.
	Registration Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee,	FL 32314	2415 N. Monn	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	n on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10	1/18/2021 and assigned
Florida document number L21000453166	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ha	еге:
DMG PAINTING SOLUTION LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	lesignation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	022
(Principal office address MUST BE A STREET ADDRESS)	IPR
	20 Fi
	Ph Ph
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7
more than the formulation with all 100 and discussions and	
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter me name of the new registere
Name of New Registered Agent:	
71 P. 1 10 T. 111	<del></del>
New Registered Office Address:  Enter Flor	rida street address
	VII
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent;	<del>-</del>
I hereby accept the appointment as registered agent and agree to act in this	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			Change
			□Remove
			Change
			C]Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
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			Change
		<del></del>	□Add
			□Remove
		<del></del>	Change
			DAdd
			□ Remove
			☐ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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fan effectiv <u>Note:</u> If t	date, if other than the date of filing:  (optional)  (date, if other than the date of filing:  (optional)  (optional)
record sp	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated AP	RIL 20 , 2022
	Autu.
	Signature of a member or authorized representative of a member
	MORA GOMEZ, DIONELKY