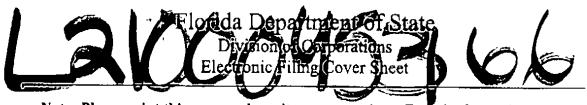
Division of Corporations



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.

(((H230001004303)))



H230001004303ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

: (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.\*\*

| Fma11  | Address:  |  |  |  |
|--------|-----------|--|--|--|
| CIMETT | MUUI ESS. |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DMG PAINTING SOLUTION LLC

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

.T. LEMIEUX

MAR 1.6 2023

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

|                  | Registration S<br>Division of Co  |   |  |  |
|------------------|---|---|--|--|
| SUBJEC           | DMG Pain  | ting Solution LLC                         |  |  |
| SOBJEC           | - * · — — — — — — — — — — — — — — — — — —   | Name of Lin                               | nited Liability Company  | · <del></del>                              |
|                  |   |   | Name of Person  nits LLC  Fim/Company  St. Suite 114  Address  4  City/State and Zip Code ail.com  Il address: (to be used for future annual report notification)  or, please call: at ( |  |
| The encl         | osed Articles of  | Amendment and fcc(s) are sul              | bmitted for filing.  |  |
| Plcase re        | turn all correspo   | ondence concerning this matter            | r to the following:  |  |
|                  |   | Lucia Estrella                            |  |  |
|                  |   |   | Name of Person   | ***************************************    |
|                  |   | Licenses & Permits LLC                    |  |  |
|                  |   | <del></del>                               | Firm/Company   |  |
|                  |   | 8300 W Flagler St Suite                   | 114  |  |
|                  |   |   | Address  |  |
|                  |   | Miami, Fl 33144                           |  |  |
|                  |   | <del></del>                               | City/State and Zip Code  |  |
|                  |   | licenses 114@gmail.com                    | (a. C  |  |
| For furthe       | er information c  | oncerning this matter, please o           | •  | iscation)                                  |
| Lucia Est        |   | , <b>p</b>                                |  |  |
| Cucia Esi        |   | f Person                                  | at ()  | 7.1  |
|                  | 14 a tue O  | rerson                                    | Area Code Daytim   | c Telephone Number                         |
| Enclosed         | is a check for th   | ne following amount:                      |  |  |
| <b>■ \$</b> 25.0 | O Filing Fee  | S30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & Certified Copy     |
| , I<br>, I       | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Fallahassee, F | Section<br>orporations<br>7               | Registration Sec<br>Division of Corp<br>The Centre of T  | porations • allahassee e Street, Suite 810 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DMG Painting Solution LLC   |                                  |
|---|----------------------------------|
| (Name of the Limited Liability Company as it now appears on our reci<br>(A Florida Limited Liability Company) | ords.)                           |
| he Articles of Organization for this Limited Liability Company were filed on Oct 18, 2021                     | and assigned                     |
| lorida document number L21000453166   |                                  |
| nis amendment is submitted to amend the following:  |                                  |
| . If amending name, enter the new name of the limited liability company here:                                 |                                  |
| MG Construction LLC   |                                  |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "L     | LC" or the abbreviation "L.L.C." |
| nter new principal offices address, If applicable:  |                                  |
| Principal office address MUST BE A STREET ADDRESS)  |                                  |
|   |                                  |
|   |                                  |
| nter new mailing address, if applicable:  |                                  |
| Aailing address MAY BE A POST OFFICE BOX)   |                                  |
|   |                                  |
|   |                                  |
| If amending the registered agent and/or registered office address on our records, ent.                        | er the name of the new regist    |
| ent and/or the new registered office address here:  | حدي                              |
|   | $\vdots$                         |
| Name of New Registered Agent:   | <u> </u>                         |
| New Registered Office Address:  | P 4                              |
| Enter Florida street addi   |                                  |
| .1  | Florida <u>vi</u>                |
| City  | 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.

03/16/2023 - 00:15 (FAX) P.003/005

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       | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| fan effective date is<br><u>Note:</u> If the date | other than the d<br>listed, the date must<br>nserted in this bloo<br>we date on the Dep | be specific and<br>ok does not n | cannot be price | or to date of filin | g or more than 9<br>v filing require | (optiona<br>0 days after filir<br>ments, this da | g.) Pursuant to 60 | 5.0207 (3<br>ted as th |
|   | delayed effective   | date, but not                    | an effective    | time, at 12:01      | s.m. on the ca                       | rlier of: (b) 3                                  | The 90th day afte  | er the                 |
| record specifies and is filed.                    |   |                                  |                 |                     |                                      |  |                    |                        |
| record specifies and is filed.  Dated March 16    |   | ,                                | 2023            |                     |                                      |  |                    |                        |