

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000374808313127

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(((H22000374808 3)))



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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : ASSURED ACCOUNTING AND TAX SERVICES  
 Account Number : 120180000048  
 Phone : (954)793-0353  
 Fax Number : (954)944-3163

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

Email Address: FATIMAPS887@GMAIL.com

2022 NOV - 2 11:12:16

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 JK GENERAL PAINTING, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 NOV - 2 AM 11:58  
 LED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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JK GENERAL PAINTING, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 01/05/2022 and assigned Florida document number L22000013127.

This amendment is submitted to amend the following:

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

JKS GENERAL PAINTERS, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000374808 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Julio Cesar Patureba Tristao</u>	<u>6799 Town Harbour Blvd # 2014</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33433</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>ES Beauty Spa, Inc.</u>	<u>6799 Town Harbour Blvd # 2014</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton, FL 33433</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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