122000085943

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05/12/22--01008--003 ***



OLVISION OF COURSENIES 16

F. MATTHEWS

COVER LETTER

TO: Registration S Division of Co			
E.O. Textu SUBJECT:	ue & Finish LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sul	·	
r lease return all correspo	ondence concerning this matter	to the following:	
	Eugenio Ortiz		
		Name of Person	
	E.O Texture & Finish LLO	2	
		Firm/Company	
	706 Orangedale Ct		
	 .	Address	
	Davenport, FL 33837		
	eugenio.ortiz1982@icloud.	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	concerning this matter, please c	all:	
Eugenio Ortiz		863 624-2784 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taflahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TARY OF STATE OF

OF

22 MAY 12 PM 3: 16

E.O. Texture & Finish LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.22000085943	nny were filed on 02/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the a	obreviation "L.L.C."
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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	t.mer r torida street address	

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.

City

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
AMBR	Diana Denis Ramos	811 N Missouri Ave	■Add
		Lukeland FL 33815	_
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□ Change
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amending any other information, e				
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fective date, if other than the date on effective date is listed, the date must be species. If the date inserted in this block document's effective date on the Departm	eific and cannot be prior es not meet the application	to date of filing or more table statutory filing re-	(optional) han 90 days after filing.) F quirements, this date w	ursuant to 605.0207 ill not be listed as
ecord specifies a delayed effective date, is filed.	but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
May 4th	2022	<u> </u>		
	(i	(1)		
Signati	ure of a member or author	orized representative of a	member	
	/	19.0 C)-17.		