K22000094857

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500391439175

07/28/22--01013--021 **30.00

122 JUL 26 AM 8: 4/

0CT 1 2022 S. PRATHEF

COVER LETTER

TO: Registration ! Division of Co			
	PAINTING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	WILSON DUARTE		
		Name of Person	
	WD A + PAINTING LLC		
	<u> </u>	Firm/Company	
	5300 COMMANDER DRI	VE, #202	
		Address	
	ORLANDO, FL 32822		
		City/State and Zip Code	
	WDA.PAINT@GMAIL.CO	M to be used for future annual report no	tification)
For further information	e-mail address: (n concerning this matter, please c		(meanon)
WILSON DUARTE		407 766-2789	
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	r the 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022

WD A + PAINTING LLC		景をユ
	ity Company as it now appears on our	records.)
(A Florida	ity Company as it now appears on our a Limited Liability Company)	me m
The Articles of Organization for this Limited Liability C Florida document number <u>L22000094857</u>	Company were filed on 2/21/2022	and assigned
This amendment is submitted to amend the following:		
	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	DECC)	
The Articles of Organization for this Limited Liability Company were filed on 2/21/2022 and assigned Florida document number L22000094857 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WD A + PAINTING AND HANDYMAN 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 and/or the new registered office address here:		
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY RE A POST OFFICE ROX)		
Transport of the second of the		
	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
N. Derlinand Office Address		
New Registered Office Address:	Enter Florida stree	t address
	City	, Florida Zip Code
	Cuỳ	zip Coue

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

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		<u>-</u>	□Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Change

	<u> </u>	<u>-</u>					
					<u> </u>		
					<u>-</u>		
-							
		 					
					<u>.</u>	_	
					=		
fective date, if other than	the date of filing	g;			_ (optional	l)	
Tective date, if other than in effective date is listed, the date ote: If the date inserted in th	must be specific and	d cannot be prior to	date of filing or	more than 90 d	ays after tilin	g.) Pursuant t e will not b	:o 605.020 e listed :
ocument's effective date on the	ne Department of S	State's records.	sic sidiatory in				
ecord specifies a delayed effe	ective date, but not	an effective tim	ie, at 12:01 a.n	n. on the earli	er of: (b) T		after th
is filed.						TALL	20:
JULY 22		2022				r-; 22	2022 Jül
ated		1	-·			に, ひ: の:	
		\sim	/			S	26
	11/1	/ \	L			[T]	O1
	Signature of a	memoer of author	ized representati	ve of a membe	r	الد. 	
	Signature of a	memoer of author	ized representati	ve of a membe	r	<u>I</u> TI,	5 AH 8: 47