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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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DIVISION OF COMPORATIONS
22 MAY 20 PM 3: 12

T. MATTHEWS
JUL 20 2022

COVER LETTER

Registration Section

Tallahassee. FL 32314

TO:

Division of C	orporations			
	TING & MORE LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	 	Name of Person		
	LG PAINTING & MORE	LLC		
		Firm/Company		
	1001 NW 112 ST			
		Address		
	MIAMI, FL 33168			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	n concerning this matter, please co	all:		
		at () Area Code Daytim		
Nam	e of Person	Area Code Daytim	e Telephone Number	
Undergod is a sheek fo	r the following amount:			
■ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address:	ation	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LG PAINTING & MORE LLC

22 MAY 20 PH 3: 12

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L22000149940</u>	Company were filed on $\frac{3/28/20}{2}$.	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	 	· · ·
B. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Numera New Registered Agent.		
New Registered Office Address:	Enter Florida si	reet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my o gent as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
PRES	BADILLO, LOUIS A		
			□Remove
MGR	BADILLO, LOUIS A		
			□Remove
			☐ Change
VP	VILLATORO, EVA P		□Add
			■Remove
			□Change
		 	□Add
		 	□Remove
			Change
			□Add
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n effective date is o <u>te:</u> If the date		e specific and cannot be does not meet the	applicable statutory	g or more than 90 days at	otional) fter filing.) Pursuant to 605 this date will not be list	
ecord specifies is filed.	a delayed effective d	ate, but not an effec	ctive time, at 12:01	a.m. on the carlier of:	(b) The 90th day after	r the
ted	-16-22		·			
	Louis	Badllo gnature of a member of	or authorized represen	itative of a member		
				пее		