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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Florida Pai	nting and Cleaning Services Ll	LC		
donone.		Name of Lin	nited Liability Company		
The enclosed	l Articles of	es of Amendment and fee(s) are submitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:		
		Carlos A. Escobar Vallada	ires		
		-	Name of Person		
		Florida Painting and Clear	ning Services LLC		
			Firm/Company		
		2049 W 57 Court			
			Address		
		Miami, Fl. 33135			
		·	City/State and Zip Code		
		llopez2@bellsouth.net		207	
		E-mail address: (to be used for future annual report notification	2 1	
For further is	iformation c	oncerning this matter, please c	all:	2022 JUN 16	
Carlos A. Escobar Valladres		dres	786 546-3645	6 A	
	Name o	f Person	Area Code Daytime Teleph	hone Number & 53	
Enclosed is a	check for th	he following amount:		ှ. သိ	
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg	iling Addres	Section	Street Address: Registration Section		
	rision of C D. Box 632	forporations 17	Division of Corporati The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

Florida Painting and Clea	ning Services LLC	2 30
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed onApril 28, 2022	andbassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabs	ility Company," the designation "LLC" or	r the abbreviation "L.1C."
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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da Zıp 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 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	Liannett Lopez	2049 SW 57 Ct	□ Add
		Miami, Fl. 33155	■Remove
			□Change
			□Add
			Remove
			🗀 Change
			□Add
			[I]Remove
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f an effec <u>Note:</u> - If	tive date is listed, the fate inserted	ne date must be specific in this block does no on the Department of	and cannot be pri of meet the appl	licable statutory fi	more than 90 days aft	er filing.) Pursuant to	-605,0207 listed as
record d is filed		d effective date, but	not an effective	time, at 12:01 a.r.	s, on the earlier of:	(b) The 90th day	after the
Dated _	June	11 1/2	<u> </u>	$\frac{2}{\sqrt{2}}$. Δ)		
		/ 1	'Ath	' (1)	<u>/</u>		

Typed or printed name of signee