## L23000001477

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	R&C Panati	ng Services	
30bine (	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	mitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	Hector	Lupez Castillo Name of Person	
	R&C	Painting Services	
	6832	79th AVE N Address	
	Pinel	las Park F1, 337 City/State and Zip Code	81
	E-mail address: (t	Stillo 249106mail Co be used for future annual report notific	ow ation)
For further information co	oncerning this matter, please ca		
Hector Lop Name of	ez Castillo Person	at (727 ) 776-7 Area Code Daytime T	354 Telephone Number
Enclosed is a check for th	c 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 S	ection	Street Address: Registration Sect	
Division of Co P.O. Box 632		Division of Corpe The Centre of Ta	
Tallahassee, F		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&C Painting Sev	vices
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	<del>y</del> appears on our records. mpany)
Fhe Articles of Organization for this Limited Liability Company were filed Florida document number <u>L2300001477</u> .	d on $\frac{12/27/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22
Trincipal office address Meet BB/18111881 11881 1188	A-m
Faton many moviling address if applicables	<u></u>
Enter new mailing address, if applicable:	တ
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o	n our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
I rem registered virtee radiess.	nter 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

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
MGR	Hector Lupez Castillo	6832 79th AVE N Pinellys Park, F1 33781	Add
		Pinellas Park, Fl 3.3781	□Remove
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effective date is te: If the date	f other than the date listed, the date must be spe inserted in this block do ive date on the Departm	ecific and cannot be prior ses not meet the applic	r to date of filing or more cable statutory filing <b>r</b>	(optiona than 90 days after filin equirements, this dat	g.) Pursuant to 605.02
cord specifies : s filed.	a delayed effective date.	, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
	ember 27th	2022	<del>7</del> · 1		
ed <u>De</u> C		4			