L23000177482

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



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2023 JUN 15 PH 1: 05

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COVER LETTER

| TO: | | istration Sect ision of Corpo | | | | | |
|----------------|--------|-----------------------------------|---|---|----------------------|---|--|
| SUBJE | CT. | E.N.A. PAIN | TING LLC | | | | |
| SUDJE | CI: | Name of Limited Liability Company | | | | | |
| The encl | losed | Articles of A | mendment and fee(s) are sub- | mitted for filing. | | | |
| Please re | etum | all correspond | dence concerning this matter | to the following: | | | |
| | | | ALEXANDER A. SILVA | | | | |
| | | | | Name of Person | | | |
| | | | | Firm/Company | | | |
| | | | 4074 EASTRIDGE CIRCI | Æ | | | |
| | | | | Address | | | |
| | | | DEERFIELD BEACH, FL | 33064 | | | |
| | | | enapaintinglle@gmail.com | City/State and Zip Code | | | |
| | | | E-mail address: (t | o be used for future annual | report notification) | | |
| For furth | er in | formation con | eerning this matter, please ca | dl: | | | |
| ΛLEXΛ | NDE | ER A. SILVA | | 954 469 at () | P-5128 | | |
| | | Name of P | erson | Area Code | Daytime Telepho | ne Number | |
| Enctosed | l is a | check for the | following amount: | | | | |
| ■ \$25. | 00 F | iting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | | \$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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.N.A. PAINTING LLC

company has been notified in writing of this change.

2023 JUN 15 PM 1:09

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our reability Company) | cords.) | |
|--|---|-------------------------------------|--|
| | 4/30/2023 | agi: Africa | |
| The Articles of Organization for this Limited Liability Company v | vere filed on 4/10/2023 | and assigned | |
| Florida document number L23000177482 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation ' | LLC" or the abbreviation "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) | | <u> </u> | |
| | | | |
| B. If amending the registered agent and/or registered office ac | idrace on our ragarde, as | startha nama of the new registers | |
| agent and/or the new registered office address here: | idress on our records, <u>er</u> | tter the name of the new registered | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street aa | ldress | |
| | , Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | | | |

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

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 |
|--------------|-----------------------|---------------------------|----------------|
| AMBR | ORALDO JOSÉ FERNANDES | 4074 EASTRIDGE CIR | ≣ Add |
| | | DEERFIELD BEACH, FL 33064 | □Remove |
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| Note: If the | date inserted in t | n the date of fili the must be specific as this block does not the Department of | meet the applic | able statutory l | op (op or more than 90 days at iling requirements, t | otional) fter filing.) Pursuant to this date will not be | 605.02 0 7 (3)(listed a s the |
| the record spec cord is filed. | ifies a delayed et | Tective date, but no | ot an effective ti | me, at 12:01 a. | m. on the earlier of: | (b) The 90th day | after the |
| Dated | 12TH | | 2023 | | | | |
| | ~ 4 | | | | | | 1 |
| _ | 77 | Signature of a | member or autho | orized representa | tive of a member | | - : |
| A | LEXANDER A. | | | - | | | |
| | —————————————————————————————————————— | OIL VA | Typed or prints | ed name of signe | | | - |