## 173000220356

(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:

Office Use Only



600410176786

09/13/23 01013--005 4430.06

203, "" 13 [112:0

## **COVER LETTER**

Registration Section Division of Corporations

TO:

GOLD JAX SUBJECT:	CPAINTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUSBEL O LOPEZ DIAZ		
		Name of Person	
	GOLD JAX PAINTING L	LC	
	<del></del>	Firm/Company	<del></del>
	4653 BANKHEAD AVE		
		Address	
	JACKSONVILLE, FL 322	207	
		City/State and Zip Code	
	gusbellopez@gmail.com		29
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	ication) : 23
GUSBEL O LOPEZ DIA	ΛZ	786 391-8526	ယ 
Name o	(Person	at () Area Code Daytime	Telephone Number 20
Enclosed is a check for th	ne following amount:		1
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.)	
	Hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on _05/04/2023	and assigned
Florida document number 1.23000220356		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4653 BANKHEAD AVE	20
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32207	دب
		<u> </u>
		ω 
Enter new mailing address, if applicable:	4653 BANKHEAD AVE	
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32207	
		5 O

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
AMBR	GUSBEL O LOPEZ DIAZ	4653 BANKHEAD AVE	🗆 Add
		JACKSONVILLE, FL 32207	□Remove
			\( \exists Change
			🗆 Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			SChange
			∷ 6 □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□ Change

- A RANGE CONTRACTOR OF THE CO	
05/27/2023	
ctive date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	
if the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) filed.	The 90th day after th
Jegnature of Wiember or authorized representative of a member	
What labour Dia.	285
rignature of a niember or authorized representative of a member	2001 (F. 113) F.112: 06
Min Comment	<u>.</u> 
Typed or printed name of signee	<u></u>
/	Ξ 2