L23000445944

(Document Number)				

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TALLABASSEE, FL

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
CUDIFOT.	L&J PAINT	ING LLC					
SUBJECT:		Name of Limi	ted Liability Company		<u></u>		
The enclosed	d Articles of	Amendment and fee(s) are sub	nitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		LUIS A. PAUQUE OSORI	O				
			Name of Person				
		L&J PAINTING LLC					
			Firm/Company				
2339 LINTON RIDGE CIR APT E6							
			Address				
		DELRAY BEACH, FL. 33	444				
			City/State and Zip Code				
		luisosorio474.lo@gmail.con					
			o be used for future annual	report notification)			
For further i	nformation c	oncerning this matter, please ca	illi:				
LUIS A. PAUQUE OSORIO		561 57 at ()	77-3934				
	Name o	f Person	Area Code	Daytime Telepho	one Number		
Enclosed is	a check for th	ne following amount:					
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy fadditional copy is en		\$60.00 Fil Certificate Certified (radditional c	e of Stati Copy	
Re	uling Addres	Section	_	ration Section		Ş	20
Division of Corporations P.O. Box 6327				on of Corporation of Callahas		ECI.	2024 A

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&J PAINTING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
the Articles of Organization for this Limited Liability Complorida document number 1.23000445944	pany were filed on 09/25/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRES.</u>	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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
AMBR	JULIO CESAR TERAN GARRIIX	2200 NW 17TH AVE #367 BOYNTON BEACH, FI	-33436 -=3dd
		 	□Remove
			□Change
			_ □Add
			□Remove
			□Change
			□Add
			_ □Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
		SECRE FAILA	Remove 2024 Dichange 20
		SEE FL	<u> </u>

		inge(s) here: (Attach additional shee				
					-	
						
						
			_			
						
Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on	te must be specific and c his block does not me	annot be prior to date of filing or more than 9 et the applicable statutory filing require	(option 0 days after fil ments, this d	ing.) Pursuan	t to 605.0. be listed	207 (3) as the
he record specifies a delayed ef ord is filed.	Tective date, but not a	n effective time, at 12:01 a.m. on the ea	rlier of: (b)	The 90th da	ay after t	he
Dated AUGUST 10	 .	2024		SECK.	2024 AUG 2D	
44()	Signature of a m	ember or authorized representative of a men	nber	P	UG 20	د معدا درسته آلا
(()	PH 2	
		yped or printed name of signee		<u> المرات</u>		\ <u>+</u>

Filing Fee: \$25.00