12/12/23, 3:04 PM

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (\$50)617-6383

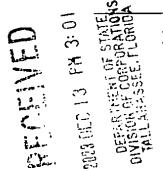
From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC

Account Number : I20170000075 : (407)381-6137 Fax Number : (407)381-2307

**Enter the email address for this business entity to be used for future 🕥 annual report mailings. Enter only one email address please. **

Email:	Address:			
	Augi 533.			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MPC REMODELING & PAINTING SERVICES LLC

Certificate of Status	0
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COVER LETTER

Registration Section Division of Corporations TO:

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SUBJECT:		DELING & PAINTING SEP	VICES LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		LORRAINE SANTOS		
			Name of Person	
			Firm/Company	
		1486 S SEMORAN BLV) 	
			Address	
		ORLANDO, FL 32807		
			City/State and Zip Code.	
		E-mail address: (to be used for future annual repor	t notification)
For further is	nformation co	oncerning this matter, please c	all:	
LORRAINE	SANTOS		407 381-613 at ()	37
	Name of	Person	Area Code Di	aytime Telephone Number
Enclosed is a	check for the	e following amount:		
≡ \$25.00 ¥	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	iling Address		Street Addres	
	gistration S ision of Co			Corporations
P C	Box 632	7	The Centre	of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4230004236273

MPC REMODELING & PAINTING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/21/2023	and assigned
Florida document number L23000524445		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited llab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		Carr
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
		 ·ゝ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, <u>enter the nan</u>	1e of the new registered
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and . if this document is

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

H230004236273

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JERSSON PRIETO	5533 CHRISHIRE WAY F 203 ORLANDO, FL 328	22 □ Add
	•		□Remove
	•		\(\extbf{E}\) Change
MGR	ANDREA CASTRO	5533 CHRISHIRE WAY, F203 ORLANDO, FL 328	.22 □Add
			□Remové
			\(\exists Change
			🗆 Add
		<u> </u>	□Remove
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			□Change

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Effective date, if other than the of fan effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to ock does not meet the applicable	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed a
e record specifies a delayed effective rd is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 12	2023	
Dated	,	·
	Jersson Y	Pieto. zed representative of a member
<u></u>	ignature of a member or authoriz	red representative of a member

Filing Fee: \$25.00