

L24 000134494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

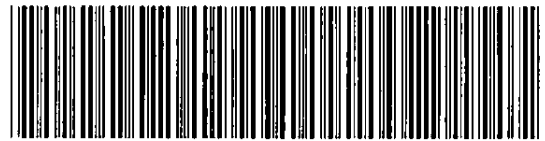
(Business Entity Name)

(Document Number)

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PAINTING SERVICES TAMPA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

JD MILO CPA LLC

Firm/Company

11121 SW 172 TERRACE

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Address

MIAMI, FL 33157

City/State and Zip Code

JAVIER.MILO@JDMILOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER MILO

786            797-9075

at (\_\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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## PAINTING SERVICES TAMPA LLC

**If Changing Registered Agent, Signature of New Registered Agent:** \_\_\_\_\_

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 29 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**