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COVER LETTER

TO:

SUBJECT:	inting and Name of Lim	More Jac G M ited Liability Company	ledina UC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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	Panting and Mary Jok G. Medina Himselfirm/Company 2440 Tchara Address VacCount Firm/Company Address Address VacCount Firm/Company Address Address		
	Pariting a	Mar Jose G	o. Medinalla
	2440 To	<i></i>	
	al. Ven il	1 = 17 3001/	9
	of cin Zor	romaneil law	
For further information c	oncerning this matter, please ca	all:	
Jose G Name o	Medina Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	díon
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

· ·	-1-1-1
he Articles of Organization for this Limited Liability Compa	
Florida document number <u>L24000405769</u>	8
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	liability company here:
Painting and More Vose	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	
	71 S
	EB P
Enter new mailing address, if applicable:	23
Mailing address MAY BE A POST OFFICE BOX)	25 E
	7% 9
3. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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m effective da	ate is listed, the date late inserted in thi	must be specific a	and cannot be pi	ior to date of filit	ng or more than 90 c	days after filir	ig.) Pursuant to 6	
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