## L22

## 000 335 855

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name	) )
(Document Number)	
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Special Instructions to Filing Officer:	
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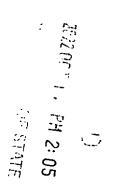
A. RIVERS

JAN - 5 2023



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## **COVER LETTER**

TO: Registration Section

Division of Corporations	Y
SUBJECT: TOUCH Pa	inters UC se of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
\vene	E Angomas Name of Person
	Firm/Company
1701W.	Wetnerbee Road, #77 1258
Orland	City/State and Zip Code  COVP 201 ( A Mail. COM  address: (to be used for future annual report notification)
Touch (E-mail a	ddress: (to be used for future applied report notification)
For further information concerning this matter, p	
Veul Angome	at (407) 844 - 4103  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of \$1	
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 loven tainters	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L.	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 42200335855  This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabil	lity company here:
· · · · · · · · · · · · · · · · · · ·	
1 Touch Painting & Restorg The new name must be distinguishable and contain the words "Limited Liability"	ty 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)	1701 W. Wether bee Road #771258 Orlando, FL 32877
Enter new mailing address, if applicable:	Same 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Sig Gode 2 Zip Go
	• ' ;
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

f amendin or removed	g Authorized Person(s) authoriz	ed to manage, <u>enter the title, name, ar</u>	nd address of each person being ad
MGR = N MBR = A	lanager authorized Member		
<u>l'itle</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Change
<del></del>			
			□Change
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			Change
			□Add
			□Remove
			□Change

ame	nding any other informal	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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ı elli <u>te:</u>		t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
	ord specifies a delayed 90th day after the reco	l effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
ed _	October 11	. 2022
-	)	Signature of a member or anthorized representative of a member
	VPMP	Anarmore
	<u> </u>	Typed or printed name of signee

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Filing Fee: \$25.00