

To:

Page: 1 of 5

2024-03-16 08:55:47 UTC+14

18506176393

From: ZenBusiness User

3/15/24, 1:54 PM

Division of Corporations

H24000100974 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L 230 00153702

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

((1124000100974 3))



H240001009743ABC

Note: DO NOT hit the REFRESH-RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (844)449-3624

2024 MAR 15 AM 7:27  
FALLS CHURCH, VA

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

Email Address: \_\_\_\_\_

RECEIVED

2024 MAR 15 PH 3:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PCA GROUP PAINTERS-YASSS ONLINE & RENTS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

SEARCH

MAR 18 2024

H24000100974 3

COVER LETTER

H24000100974 3

TO: Registration Section  
Division of Corporations

SUBJECT: PCA Group Painters-Yasss Online & rents LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Luis Flores  
Name of Person  
ZenBusiness INC  
Firm/Company  
336 E. College Ave Suite 301  
Address  
Tallahassee, FL 32301  
City/State and Zip Code  
fulfillment@zenbusiness.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC  
Name of Person  
844  
Area Code  
493-6249  
Daytime Telephone Number  
at ( )

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

H24000100974 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000100974 3

PCA Group Painters-Yasss Online & rents 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 2023-03-27 and assigned  
Florida document number L23000153702.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PCA Group Painters LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2024 MAR 15 AM 7:27  
FILED  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

H24000100974 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000100974 3

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-------------------------------|---------------------------|--|
| MGR          | MARTINEZ, RAFAEL              | 4116 gardenia ave.        | <input type="checkbox"/> Add               |
|              |                               | Lake worth, FL 33461      | <input checked="" type="checkbox"/> Remove |
|              |                               |                           | <input type="checkbox"/> Change            |
| MGR          | Fany Mabel Mendez Hernandez   | 4116 gardenia ave.        | <input type="checkbox"/> Add               |
|              |                               | Lake worth, FL 33461      | <input type="checkbox"/> Remove            |
|              |                               |                           | <input checked="" type="checkbox"/> Change |
| AMBR         | Arnulfo Rafael Godoy Martinez | 4116 Gardenia Avenue      | <input checked="" type="checkbox"/> Add    |
|              |                               | Lake Worth, FL 33461-3423 | <input type="checkbox"/> Remove            |
|              |                               |                           | <input type="checkbox"/> Change            |
|              |                               |                           | <input type="checkbox"/> Add               |
|              |                               |                           | <input type="checkbox"/> Remove            |
|              |                               |                           | <input type="checkbox"/> Change            |
|              |                               |                           | <input type="checkbox"/> Add               |
|              |                               |                           | <input type="checkbox"/> Remove            |
|              |                               |                           | <input type="checkbox"/> Change            |
|              |                               |                           | <input type="checkbox"/> Add               |
|              |                               |                           | <input type="checkbox"/> Remove            |
|              |                               |                           | <input type="checkbox"/> Change            |

H24000100974 3

H24000100974 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated 3/15 2024

/s/ Arnulfo Rafael Godoy Martinez

Signature of a member or authorized representative of a member

Arnulfo Rafael Godoy Martinez, Member

Typed or printed name of signer