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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Ro Di	egistration Se vision of Čor	ction w porations	·	
SUDJECT	Never Faste	er Painting LLC		
SUBJEÇT	:	Name of Lim	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	п all correspo	ndence concerning this matter	to the following:	
		Dora Angelica Cea		
			Name of Person	
		Never Faster Painting LLC		
			Firm/Company	·
		10420 sw 47th ave		
			Address	
		Ocala, Florida 34476		
			City/State and Zip Code	
		Nevertasterpaintinglle@gm	nail.com to be used for future annual report notificat	*
For further	information co	n-man address: (oncerning this matter, please o	·	Plephone Number
Dora Ange			352 361-9833 at ()	
	Name of	Person	Area Code — Daytime Te	
Enclosed is	a check for th	e following amount:		<u> </u>
■ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address		Street Address: Registration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or register	red office address on our records, enter the n	
gent and/or the new registered office address here	2:	202
Name of New Registered Agent:		
New Registered Office Address:		, 65
	Enter Florida street address	
	, Florida	्रा अन्तर
	City	F∙Zip C eek ∙

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 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>	<u>Name</u>	Address	Type of Action
AMBR	Ian Ali Alvarez	10420 sw 47th Ave	= Add
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fective date, if other an effective date is listed.	r than the date of the date must be specif	filing:ic and cannot be price	or to date of filing or	more than 90 days after	ional) er filing.) Pursu	ant to 605.020
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cument serretive da	ic on the 12cpartition	t of State 3 record	···			
record specifies a delay	red effective date, bu	it not an effective	time, at 12:01 a.n	i, on the earlier of: (h) The 90th	day after the
is filed.						
nted						
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aicu		///_				
	Signature	of a member or aut	horized representati	ve of a member		