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PICK-UP	TLAW	MAIL
(Business E	ntity Name)	
(Document	Number)	
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া Instructions to Filing Office	r:	
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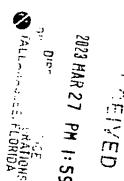
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisio	n of Cor	porations		
		AR PAINTING LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Ar	ticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Carmen Escobar		
			Name of Person	
		Escobar Painting LLC		~
		Firm/Company		
		213 11th Street		
		-	Address	
		Apalachicola, FL 32320		2022 11.55 2 7 7 13 - 5 - 6
		City/State and Zip Code		
		bettyjean@rapacpas.com	1 to be used for future annual repo	
For further infor	mation co	meerning this matter, please of		re notification)
Carmen Esco			850 370-65	48
	Name of	Person	Area Code D	laytime Telephone Number
Enclosed is a che	eck for the	e following amount:		
☐ \$25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Address ration S		Street Addre Registration	
Division of Corporations		Division of	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESCOBAR PAINTING 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 $_^{09\text{-}25\text{-}2007}$ and assigned Florida document number L07000097416 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANDY URR PAINTING AND MAINTENANCE 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) 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 , Florida

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Add
		□Remove	
			□ Change
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ective date, if other than the	03-01-2023 date of filing:	or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this b ument's effective date on the D	ock does not meet the applicable statutory.	filing requirements, this date will not be listed
cord specifies a delayed effectiv s filed.	e date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after th
ed	2023	
\bigcirc	500697 Signature of a member or authorized represents	
Carmen C F	Scobar	

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Filing Fee: \$25.00

COVER LETTER

TO: Registration S Division of Co				
	AR PAINTING LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Carmen Escobar			
		Name of Person		
	Escobar Painting LLC			
		Firm/Company		
	213 11th Street			
		Address		
	Apalachicola, FL 32320			
		City/State and Zip Code	····	
	bettyjean@rapacpas.cou			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Carmen Escobar		850 370-6548		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303