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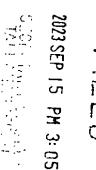
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## **COVER LETTER**

SUBJECT: CHE Painting & Passone WAShing 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:
Contris Deane Marks Name of Person
Contis Paint up & PAESSURE Washing L
Not good New 4577 NW Highland St
1990 Sy Armelli M Arcadia Fla 34266.
34/266  City/State and Zip Code  Office (City/State and Zip Code)  Which for future annual report of differences (to be used for future annual report of differences)
For further information concerning this matter, please call:
Control Man(S) at (239) 944-8165  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Allneady Paid here's Copy of 14HM
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed)

TO:

Registration Section **Division of Corporations** 

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

Lability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number LO8000 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the word; "Limited Liability Company Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Hus 1 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, egter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: . Florida Zin Code City 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 v $\overline{M}$  and  $\overline{M}$ 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 limitedzliability 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>	<u>Address</u>	Type of Action
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	ID Mars for the date of filing: 9/8/23 (optional)
ffec	tive date, if other than the date of filing: 9/8/23 (optional)
an e	ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	rd 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 filed.
atec	7/8/23
	Signature of a member or authorized representative of a member
	approxime or a monitor of automorph representative O14 III/III/I
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Filing Fee: \$25.00