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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peerless Pain	ring LIC
Name of Limited Lia	bility Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Alma Pa	(auos
Prevless Pa	indins Firm/Company
P.0 Box 1	O Q I Address
Bradanton	F(34782 State and Zip Code
Olma Palacior E-mail address: (to be us	Painting () 5 mail- com ed for future annual report notification)
For further information concerning this matter, please call: A wa a cos Name of Person	at (2/3) 3 43 / 504 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section

Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alma Palacios 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 5-23-20// and assigned Florida document number 1000060.704
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Peer less Painting Limited Liability Company. The new name must be distinguishable and contain the words "Limited 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 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 neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City 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.

lf Changing Registered Agent, Signature of New Registered Agent

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

	Manager Authorized	Membe
Title	Name	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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fective date, if other than the neffective date is listed, the date must	t be specific and cannot be	prior to date of filing	or more than 90 days af	tional) ter filing.) Pursuar	nt to 605.02
te: If the date inserted in this blocument's effective date on the De			ning requirements, t	nis date will not	: be listed
record specifies a delayed	l effective date, bu	t not an effectiv	e time, at 12:01	La.m. on the	earlier
The 90th day after the reco	ord is filed.				
ted	,	·			
Alma Alma	Palace Signature of a member or	· ·			

Page 3 of 3

Filing Fee: \$25.00