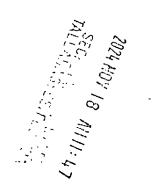
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(Requestor's Name)
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PICK-UP WAIT MAIL
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11/18/24--01026--011 \*\*25.00



## **COVER LETTER**

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TO: Registration Section

Division of Corporations					
GERMA!	N QUALITY PAINTING LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	MALTE LORENZ				
		Name of Person	***		
	GERMAN QUALITY PA	INTING LLC			
		Firm/Company			
	4645 SOUTHWEST 15TF	H AVE			
		Address			
	CAPE CORAL/ FL 33904				
		City/State and Zip Code			
	MALTE@GERMANQUA E-mail address: (	LITYPAINTING.COM to be used for future annual report not	ification)		
For further information	concerning this matter, please c				
MALTE LORENZ		239 233-7200 at ( )			
Name	of Person	Area Code Daytin	ne Telephone Number		
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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2024 ויסא גבראווו זאבראווו
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI	C" or the abbreviation-L.L.C."
Enter new principal offices address, if applicable:		——————————————————————————————————————
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	• • • • • • • • • • • • • • • • • • • •	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	,1	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.

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
MGR	MALTE LORENZ	1915 SE 29TH LANE	■Add
		CAPE CORAL, FL 33904	□Remove
			□ Change
AMBR	CAROLÍN LORENZ	1915 SE 29TH LANE	□Add
		CAPE CORAL, FL 33904	
			<b>⊟</b> Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
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	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:	. It amending any other information, c	enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:  (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 f.  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.  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 rord is filed.  Dated NOVEMBER 7  2024		
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	Sterian	ture of a member or authorized representative of a member
MACTE CORENZ	MACTE	(ORENZ

Filing Fee: \$25.00