# L15000208681

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer	

Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/22/2021	**WALK IN*
ENTITY NAME PASSIO	
ENTITY NAME: 1.00.0	
DOCUMENT NUMBER_	
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATI	<del></del>
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 25	ACCOUNT # 120160000072 4: 1
Please call Tina at the	e above number for any issues or concerns. Thank you so much!

### **COVER LETTER**

TO: Registration S Division of Co					
	aints, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Sandra Torres				
		Name of Person	<del></del>		
	CPA Tax Solutions, LLC				
	<del></del>	Firm/Company			
	500 NW 6th Street				
		Address			
	Okeechobee, FL 34972				
		City/State and Zip Code			
	sandra@cpataxsolutions.ne		·		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report of	notification)		
	concerning this matter, please of	863 357-109 <del>9</del>			
Sandra Torres			nime Telephone Number		
Name	e of Person	Area Code Day	time Telephone Number		
Enclosed is a check for	the following amount:				
Ox \$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 Adda		Street Address Registration			
Registration Section Division of Corporations		•	Registration Section Division of Corporations		
P.O. Box 6.	327		of Tallahassee		
Tallahassee	e, FL 32314	2415 N. Mor	aroe Street, Suite 810		

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Passion Paints, 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 12/10/2015

and assigned

Florida document number Li5000208681

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

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 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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<del></del>	Signature	- LUARINA.	19 6/11	<u> </u>	

Filing Fee: \$25.00