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(City/State/Zip/Phone #)	ტო,411,72401012009 **60.00
(Business Entity Name)	
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	2024 API

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2024 APR 11 ou 1:

COVER LETTER

TO:	Registrati Division o			ı			
CLID II	CT.	Fine	est Touch Commercial Pair	nting and Cleaning LLC			
SUBJE	.cr:		Name of Lim	ited Liability Company			
The en	closed Artic	les of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all co	rrespon	dence concerning this matter	to the following:			
				Angee Amaya			
				Name of Person			
				Firm/Company			
		701 S. Howard Ave Suite 106-360					
				Address			
			Tamp	oa, FL 33606			
				City/State and Zip Code			
			angee@ftconstruc	* .			
			E-mail address: (to be used for future annual report not	tification)		
For fur	ther informa	ition cor	icerning this matter, please ca	all:			
A	Angee Ama	iya		813 468-8628			
	N	lame of I	erson	Area Code Daytir	ne Telephone Number		
Enclos	ed is a check	c for the	following amount:				
□ \$2	5.00 Filing F	² ec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing A Registrat			<u>Street Address:</u> Registration Se	ection		
			rporations	Division of Co			
	P.O. Box	x 6327		The Centre of	Tallahassee		
	Tallahas	see, FI	J 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2024 APR 11 ou 1:50 Finest Touch Commercial Painting and Cleaning 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 03/22/2016 and assigned Florida document number L16000058182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Finest Touch Services LLC 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: [Optional] Coptional (optional) (opt					_ -				
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