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To:

Division of Corporations

Fax Number : (850)617-6383

From:

. :::

Account Name : TAXMAN FIRM Account Number : I20120000054 : (954)482-9626 Phone

: (786)425-2211 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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1.0V 07 2022

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LVM PAINTING LLC (Name of the Limited Liability Compa- (A Florida Limited L.)	ny as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Torida document number L16000170231	were filed on 09/12/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
SANTIS & ARGENTA LLC		ship-reference "L. C."
he new name must be distinguishable and contain the words "Limited Liabil		e appreviation L.C.C.
Inter new principal offices address, if applicable:	4800 SW 51ST STREET	22
Principal office address MUST BE A STREET ADDRESS)	UNIT 106	02 NOV =
Enter new mailing address, if applicable:	DAVIE, FL 33314	<u> </u>
		1
	4800 SW 51ST STREET	
	UNIT 106	· ਨ
Mailing address MAY BE A POST OFFICE BOX	DAVIE, FL 33314	Ñ
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DE SANTIS, MAURICIO	4800 SW 51ST STREET	
		UNITE 106	□ Remove
		DAVIE, FL 33314	☐ Change
			□Add
			□Remove
			Change
			2022 NO Y
			□ Remove 1
			OCHÁNGE DE CO
			TAdd CC
			□Add
			Change
			□Add
			□ Remove
			Change

D. If smending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	<u> </u>
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	11-5
	<u> </u>
	ு. ம
	ω
10/11/2022	
Effective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time second in filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER:11 2022	/ / / /
Dated	
	de la
Signature of a member of the	Control a member