L17000006571

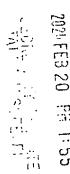
(Re	questor's Name)	
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COVER LETTER

	tration Section on of Corpor		-	
SUBJECT:	ONYT	PAINTING &	CLEANING LLC.	•
SUBJECT			ited Liability Company	
The enclosed A	articles of Arr	endment and fee(s) are sub	mitted for filing.	
Please return al	l corresponde	ence concerning this matter	to the following:	
		John	Matallana	
			Name of Person	
			Firm/Company	
		48	Brook Dr	
		-, ,	Address	·
		Santa Ros	g Beach, FL 32L	#59 当 3
		onyt.p	g Beach, FL 32L City/State and Zip Code ainting G gmail. co	159 15EB 20
	-	E-mail address: (to be used for future annual report notifica-	tion)
For further info	rmation conc	erning this matter, please ca	all:	
ران	hn N	latallana	at (850) 902 - 6 Area Code Daytime Te	333
	Name of Pe	rson	Area Code Daytime To	elephone Number
Enclosed is a cl	heck for the f	ollowing amount:		
☑ \$25.00 Fili	ng 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)
	ng Address:	tion	Street Address:	an .
_	stration Section of Corp		Registration Section Division of Corporation	
	Box 6327		The Centre of Tall	
Talla	hassee El	32314	2415 N. Monroe S	treet Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONYT PAINTING & CLEI	ANING LL.C.	
ONYT PAINTING & CLEIN (Name of the Limited Liability (A Florida)	Company as it now appears on climited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L1700006571</u>	mpany were filed on _01/0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ONYT PAINTING LLC.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		20°- F-10 & (
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		· O
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	Ciţv	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>	Name	Address	Type of Action
		 	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			Add FE B Remove
			-n
			☐ Change
			□Remove
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nativa data if ather than	the date of filings	(0.7	Ainmal)
	e must be specific and cannot be prior to dat is block does not meet the applicable s		ter filing.) Pursuant to 605.03
ument's effective date on th	ne Department of State's records.	tatutory ming requirements, t	ins date with not be fisted
cord specifies a delayed effe	ective date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 90th day after the
s filed.	serve date, our not an effective time, a	12.01 u.m. on the carrer of	(b) The 30th day liner to
ed 14 Feb	. 2024 .		
ed 17 PED		//	
	2/1/2 (1/nt/)	~	
	Signature of a member or authorized	representative of a member	