117000029332

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B McKNIGHT MAY 1 3 2023

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	KB Painting L	LC ted Liability Company		
	Name of End	ace showing configuration		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kory Ba	alestrieri		
		Name of Person		
	KB Painti	ng LLC		
		Firm/Company	> 0	202
	7741 NW 36	oth St		3 KA
		Address		~ F
	Hollywod,	FL 33024	<u> </u>	PILED 2023 MAR 13 PN
		City/State and Zip Code		J: 24
		gmail.com to be used for future annual report notific	oution)	21,
For further information c	oncerning this matter, please of		ation	
Kory Balesti		754 224-72	229	
	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 Stat Certified Copy (additional copy is en	us &
Mailing Address Registration	Section	Street Address: Registration Sec Division of Corp		
Division of C P.O. Box 632	27	The Centre of Ta	llahassee	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KB Painting LL	<u>C</u>		_
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our re Limited Liability Company)	<u>coras.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on02/06/	2017 and	l assigned
Florida document number L17000029332	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	4	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		<u>.</u>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
		20	202
		12.0 (13.0 m) 	三 注 注
Enter new mailing address, if applicable:		10000000000000000000000000000000000000	2 T
•		<u> </u>	ω
(Mailing address MAY BE A POST OFFICE BOX)		***	<u> </u>
	 		• •
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	nomice address on our records, <u>e</u> N/A	nter the name of the	ilew register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		_, Florida	
	City	Zip C	Cod e

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	Harry Balestrieri	_10073 NW 5th St	XAdd
		Plantation, FL 33324	□Remove
			Change
		·	
			□Remove
			□Change
			□ A dd
			□Change
			□Adđ
			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach adamonal sheets, if necessary.)
-	
-	
•	
If an e Note:	tive date, if other than the date of filing:
rd is f	
Dated	1_ March 7 , 2023
	Signature of a mumber of authorized representative of a member
	Kory Balestrieri

Filing Fee: \$25.00