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2023 KAY -1 NA 7: 14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cman Pain+8 Tim LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Vordan Name of Person
G. Y. Coston Rendeling
650 Manordone Bartow 7637
Bar tow FL 33830 City/State and Zip Code
9. V. Custome modeling IC Grail com E-mail address: (to be used for future annual report not meation)
For further information concerning this matter, please call:
Sabriel Vordan at (863) 780-1841 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMAN PAINTS TRIM
(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 04-26-20	and assigned.
Florida document number <u>L17000092.75</u>		
This amendment is submitted to amend the following:		$\frac{1}{2}$
A. If amending name, enter the new name of the lin	mited liability company here:	·
G. Y. Couston Ro.	modeling LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Compaky," the designation "ELC" or	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		*
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the ap

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 Type of Action Address <u>Title</u> Name. _____ Change _□ Add ☐ Remove _____ Change □ Remove _□ Change 🗖 Add ☐ Remove __ 🗆 Change ☐ Change _□ Add___ _□ Change

Iffective date, if other than the date of filing:		
Fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ate; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. Percord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a purpose or authorized representative of a member Signature of a purpose or authorized representative of a member Typed or printed name of signee		
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Filing Fee: \$25.00