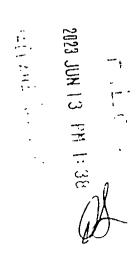
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(Re	questor's Name)	
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- PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ARREN PAINTING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MELISSA DANGOND		
		Name of Person	
	ALLEN, DYER, DOPPER	T & GILCHRIST, P.A.	
		Firm/Company	
	255 SOUTH ORANGE A	VENUE, STE. 1401	
		Address	
	ORLANDO, FLORIDA 3	2801	
		City/State and Zip Code	
	warren8325@yahoo.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	·	
MELISSA DANGOND		407 841-2330	
		at ()	•••
Name o	f Person	Area Code Daytin	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

2023 JUN 13 PM 1:38 **OF** GARRY WARREN PAINTING, LLC (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 22, 2017 and assigned Florida document number L17000112949 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GARY WARREN PAINTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable:

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 Florada street a	uldress
	City	Florida Zin Code

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

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🖸 Add
			🗀 Remove
			[]Change
			①Add
		□Remove	
			[]Change
	_		□Add
		□Remove	
			[]Change
			[]Add
		□Remove	
			[]Change
		□Add	
		□Remove	
		Cladd	
		□Remove	
			∐Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	te date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	May 22
	Signature of a member or authorized representative of a member
	MARY L. WARREN

Filing Fee: \$25.00