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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: COUCELO ASSOCIATES, INC.

Account Number : I20120000069

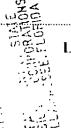
Phone

: (561)683-3000

Fax Number

: (561)965-0938

**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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TO: Registration Division of C	Section organizations		
ť	AINT SOLUTIONS, LLC		
SUBJECT:		***************************************	
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are so	hypittad for filling	
	condence concerning this matte		
	ARNALDO J COUCELO)	
	The state of the s	Name of Person	
	COUCELO ASSOCIATE		
		Firm/Company	
	1818 S AUSTRALIAN A		
		Address	
	WEST PALM BEACH, F		
	LEGACYTAXCORPS@G	Cityrodate and Zip Code	
		to be used for future annual report not	fication)
or further information o	concerning this matter, please c	all:	
ARNALDO J COUCEL	0	561 683/3000	
Name o	f Person	561 683-3000 at ()	e Telephone Number
inclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &
		(#dditional copy is enclosed)	Certified Copy (additional copy is enclosed)
Malling Addres	<u>5:</u>	Street Address:	
Registration S	Section	Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ESF1881000HF1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

55 F2881000 PE 11

M & E PAINT SOLUTIONS, LLC						
Name of the Limite	d Liability Compai A Florida Limited L	ny as it now appears on our records.) liability Company)				
The Articles of Organization for this Limited Li Florida document number L18000004976 This amendment is submitted to amend the following the control of the	ability Company			and ass	igned	
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and contain the wi	ords "Limited Liabil	ity Company," the designation "LLC" or	the abbrev	iation "L.	L.C."	
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREE	T ADDRESS)		····		·····	
			·····			
re-en-size and the second second section is		4177 MILNER CIR APT 304				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LAKE WORTH, FL 33463				
				202	(A)	
B. If amending the registered agent and/or reagent and/or the new registered office address	• •	ddress on our records, <u>enter the</u>	name of	the arev	v registered	
Name of New Registered Agent:	JHON MAURICIO POSADA			7 28	7	
New Registered Office Address:	4177 MILNER CIR APT 304			ÁΗ	[7]	
	Enter Florida street address LAKE WORTH, Florida			7:		
				ip Code		
New Registered Agent's Signature, if changing H	lagietarad Anants	City	4	ир Соце	- 1	
I hereby accept the appointment as registered provisions of all statutes relative to the proparacept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	er and complete stered agent as p registered office	performance of my duties, and I provided for in Chapter 605, F.S	am fami Or, if th	liar wii iis doci	th and iment is	
	If Chan	iging Registered Agent, Signature of Ne	u Registe	red Agen	<u>t</u>	

14 24000 1886723

16 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

Title	<u>Name</u>	Address	Type of Action
AMBR	EDGAR H CHAPARRO	488 GLENWOOD DR	bbAC
		WEST PALM BEACH, FL 33415	
			□ Change
AMBR	JHON MAURICIO POSADA	4177 MILNER CIR APT 304	DAdd
		LAKE WORTH, FL 33463	CJRemove
			無 Change
	***************************************		□Add
			□Remove
			□Change
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this cument's effective date on the				ng or more than 9	option: O days after fili ments, this da	al) ng.) Pursuant to 605.6 ite will not be listed
ecord specifies a delayed effo is filed.	tive date, but r	not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day after
		2024	- -'\			
MAY 28		2024				
sted MAY 28			(/			
ated MAY 28	Signature of	a meinber or aut	horized represen	otative of a mem	her	

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