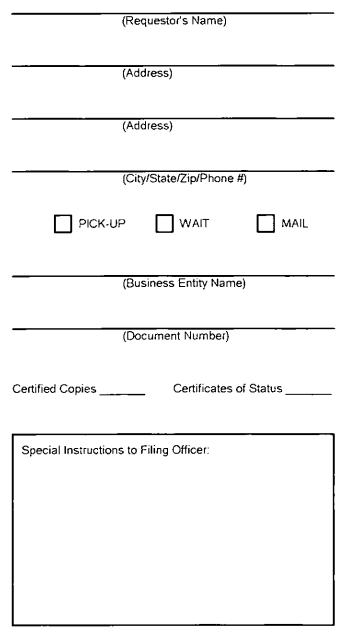
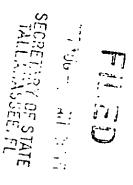
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|--|--|--|--|------------------|
| SUBJECT: | Name of Limi | ted Liability Company | - | |
| The enclosed Articles of An | endment and fee(s) are sub- | nitted for filing. | | |
| Please return all corresponde | ence concerning this matter t | to the following: | | |
| | Ange | 1 Ocasiu | | |
| | Sence | Name of Person PCOAST PAINTING Firm/Company | | |
| | 3790 To | Firm/Company ONA SQUARE BIND Address | | |
| | | | | |
| - | angel, S. a | bourne Fl 3390 City/State and Zip Code OCA SIO (4) G Mail COM o be used for future annual report notific | 7 TALL S | |
| For further information conc | | | | 4 *** |
| Angel Ocas | Tson | all:at (<u>321</u> <u>271</u>)Area Code Daytime (| 7541 Pilos Pelephone Number Pilos | Ü |
| Enclosed is a check for the f | | | | |
| № \$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 Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address: | | Street Address: | | |

Registration Section Division of Corporations

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited) | ability Company as it now appears on our recor orida Limited Liability Company) | <u>dv</u>) |
|--|--|---------------------------------|
| he Articles of Organization for this Limited Liabi | ty Company were filed on | and assigned |
| lorida document number | | |
| his amendment is submitted to amend the following | <u>5</u> . | |
| a. If amending name, enter the new name of th | limited liability company here: | |
| he new name must be distinguishable and contain the word | Limited Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| inter new principal offices address, if applicabl | | |
| Principal office address MUST BE A STREET A | ODRESS) | S = |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | 2 | maria - |
| | | TAT |
| 3. If amending the registered agent and/or regigent and/or the new registered office address h | | r the name of the new regist |
| Name of New Registered Agent: | Diana Ocasio | |
| New Registered Office Address: | 491 Sheafe AVE NE Enter Florida street addre | = +(67 |
| | Palm Bay F | lorida 3905 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.

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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if | other than the | date of filin | ıg: | | (| (optional) | |
| fan effective date is Note: If the date i | listed, the date mu inserted in this b | st be specific an lock does not | d cannot be prior meet the applic | r to date of filing c cable statutory f | or more than 90 day: iling requirement | s after filing.) Pursus s. this date will no | ant to 605.0207 at be listed as |
| locument's effect | ive date on the D | epartment of | State's records | 5. | - | | |
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| | a delayed effectiv | re date, but no | t an effective t | time, at 12:01 a. | m, on the earlier | of: (b) The 90th | day after the |
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| rd is filed. | | · / . · · · · | • | · | | | |
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| rd is filed. | | Signature of a | Member of auth | norized representa | tive of a member | | |