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(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

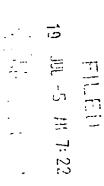
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JUL 1 6 2019 S. YOUNG



COVER LETTER

Div	ision of Cor	porations		
STRIFT'T		SPRAY SERVICES LLC	ve .	•
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The anclave	l Amiologoaf	Amanda and East Ama all	mittad the filian	
Please return	all correspo	indence concerning this matter	to the following:	
		STEVE VARONA		
			Name of Person	
		WIZARD SPRAY SERVI	CES LLC	
			Firm/Company	
		10030 SW 37 TER		
			Address	
		MIAMI , FL 33165	Name of Person CES LLC Firm/Company Address City/State and Zip Code to be used for future annual report notification) all: 786 387-1687 at (
		ewizspray@gmail.com	City/State and Zip Code	
		E-mail address, ()	to be used for future annual report notif	ication)
		oncerning this matter, please ea		
STEVE VAI	RONA		786 387-1687	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
열 S25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIZARD SPRAY SERVICES LI		
(<u>Name of the Lim</u>	ited Liability Company as it now apports (A Florida Limited Liability Company)	ears on our records.)
he Articles of Organization for this Limited i		3/2/2018 and assigned
orida document number 1.18000056208		
nis amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LEC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	····
rincipal office address MUST BE A STRE	ET ADDRESS)	
		E T
nter new mailing address, if applicable:		. 5
lailing address MAY BE A POST OFFICE	<u> BON</u>	<u></u>
		- 22
If amending the registered agent and gistered agent and/or the new registered of	l/or registered office address office address bere:	on our records, enter the name of the
Name of New Registered Agent:	FRANK KASSEM	
New Registered Office Address:	10030 SW 37TER	
	Enter F.	lorida street address
	МІАМІ	Florida 331298

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.

City

D'Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	FRANK KASSEM	10505 SW 46 ST	
		*** * * * ****************************	■ Add
		MIAMI FL 33165	
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			6/17/2019				
an effective o <u>ote:</u> If the	date inserted in t	te must be specific his block does n	and cannot be prio	eable statutory f	or more than 90 day	(optional) s after filing.) Pursuant s, this date will not	
The 90th	day after the	record is file	ed.	ot an effectiv	e time, at 12	01 a.m. on the	earlier of
ited	6/14/9	S00 8	 16	 '			
		skh	Vacons	_	tive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00