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### **COVER LETTER**

TO: Registration Se Division of Cor			RECEIVED
SUBJECT: & du	in's Paintin	a & Home Imp	rovernentia pri 4: 32
		J / · · · · · · · · · · · · · · · · · ·	ALC: A ST. FL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edwin E	Fuenmayor Name of Person	
	Edwin's Pain	ting & Home In	nprovement LLC
	771176	ern Dr. Address	
	<u>Orlan</u>	do Fl 32822 City/State and Zip Code	<del>)</del>
	Juen May (E-mail address:	rand a mail	(ification)
For further information c	oncerning this matter, please c	rall:	
Edwin E	Fuenmay or	at ( <u>\$13</u> , <u>1175</u> ) Area Code Daytii	- M 6 ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$\sqrt{\$25.00 Filing Fee}	(V. \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy cadditional copy is enclosed)

# Mailing Address:

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

#### Street Address:

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

Edwin's Painting & Home Inprovement LLC
(Name of the Limited Liability Company as it not appears on our records.)

A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company volorida document number \(\bigcup_1\frac{180000}{180000}\frac{20000}{12000}\].	were filed on April 17	2, 2018 and assigned
his amendment is submitted to amend the following:		
Edwin's & God Home Improvente new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".		A.C" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	N/A	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	-N/A	<b>N</b>
. If amending the registered agent and/or registered office ac zent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	N/A	======================================
New Registered Office Address:	Enter Florida street ad	tress
	. Florida Zip Code	
	City	Zin Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 1	Type of Action
A N_		N/A	□Add
•			□Remove
			□Change
			DAdd
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

-	N/A
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Note:	ive date, if other than the date of filing: July 03 200 (optional) (ective date is listed, the date must be specific and cannot be plior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recor record is fi	d 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 led.
Dated	July 03 2021  Signature of a member or author ted representative of a member
	Edwin E. Fuenmayor Typed or printed name of signer

Filing Fee: \$25.00