L18000108599

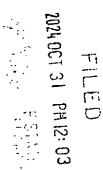
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor						
eup iez		HARVEST PAINT SOLUTIONS LLC Name of Limited Liability Company					
SUBJEC	.1:						
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Reynaldo Jimenez					
			Name of Person				
			Firm/Company				
		239 Marion Oaks Golf Roa					
			Address				
		City/State and Zip Code					
		reynaldosjimenez@hotmail	com to be used for future annual report noti	fication)			
For furth	er information c	oncerning this matter, please co		,			
Liliam C	Gavilan		321 417 6248 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed	l is a check for th	he following amount:					
■ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection			
	Division of C		Division of Cor				

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 31 PM 12: 03

HARVEST PAINT SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/2}{2}$	9/2024	and assigned
Florida document number L18000108599			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
	Ver Community the de	signation "[[C" or t	ne abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	239 Marion Oaks	Golf Road, OCAL	A, FL 34473
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	239 Marion Oaks	s Golf Road, OCAL	_A, FL 34473
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:	E-sau Elaw	ida street address	
	Enter Pioriaa street aauress		
	City	, Florida	a Zip Code
New Registered Agent's Signature, if changing Registered Agent	ŕ		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this o performance of provided for in O	my auties, and 1 Chapter 605, F.S.	Or, if this document is
If Cha	inging Registered Ag	ent, Signature of Ne	w 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>	Name	Address	Type of Action
MGR	Reynaldo Jimenez	239 Marion Oaks Golf Road, OCALA, FL 34473	🗆 Add
			🗆 Remove
			🗏 Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

L. Effec	tive date, if other than the date of filing:
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 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.
f the reco	ord 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 filed.
Dated	10/28/2024
	A TO
	Signature of authorized representative of a member
	Reynaldo Jimenez
	Typed or printed name of signee

Filing Fee: \$25.00