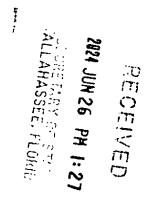
L18000112188

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	Entity Name)
(Document	Number)
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Special Instructions to Filing Of	ficer:
25:	e Use Only
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: IN	inty Paintin	ne Services LL (ed Pliability Company	<u>(, </u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Fabiana	Neto Name of Person	
		Firm/Company	
	3309 Fai	WMWOOD DR.	
•	Oc. 0 2.2	TL 34761	
		City/State and Zip Code Thombusha o be used for future annual report nontil	wil Com
For further information co	ncerning this matter, please ca	II:	
Talsiana Name of	Noto	ut (407) 624 Area Code Daytime	7999 Telephone Number
Enclosed is a check for th	c following amount:		
□ \$25.00 Filing Fee	S30.00 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:
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

Infinity Pain	time Services 11	C
(Name of the Limited Limbili	ty Computer as it now appears on our records a Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1800011218</u>	Company were filed on 05/03/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	2
TopBrush Paintin	~ 11C	024
The new name must be distinguishable and contain the words "Lim	field Liability Company," the designation "LLC"	or the abbreviation_L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDI	RESS)	70
		5 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
	Flo	orida
	City	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.

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

.

Title	<u>Name</u>	Address	Type of Action
			□Remove
			Change
\$10 minutes			🗆 Add
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			□Add
			□Remove
			Change
		□Remove	
			□Change
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		Remove	
			Change
		□Remove	
			Chunga

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective 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)(3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 06/26/24
Signature of a member or withorized representative of a member
TABIANA NETO Typed or printed name of signee

Filing Fee: \$25.00