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A. BUTLER OCT 27 2021

COVER LETTER

TO: Registration Ser Division of Corp				• • • • • • • • • • • • • • • • • • •
SUBJECT: E	di Painting Name of Lim	Sev VICES úted Liability Company	LLC	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Julissa	ROSADO Name of Person		
	DCM Se	ERVICES (Firm/Company	enter In	<u></u>
		W Busch		
	Tamp	City/State and Zip Co	33604 de	
	E-mail address: (i	<u>1 COS CENTER C</u> to be used for future annu	e gmail	<u>com</u>
For further information co	ncerning this matter, please co			
Tulissa	Ru sado	al (813)	990-86	<i>30</i>
Name of	Person	Area Code	Daytime Telepl	none Number
Enclosed is a check for the	e following amount:			
** \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing For Certified Copy (additional copy is		1 \$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

Fdi Drinting Services LLC
(Name of the Limited Liability Company as it now appears on our records.)

2021 OCT 18 PH 2: 38

- TO TOTAL INVITED TO THE PARTY OF THE PARTY	by Company as it may appears an our regards	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(A Florida	ty Company as it now appears on our records Limited Liability Company)	TATAL TOTAL
The Articles of Organization for this Limited Liability C	company were filed on 06-22 – 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered 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
	Cay	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 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	Type of Action
AMBR	Jainne Cabrales	2612 t 112th ave	⊕Add
		TampaFl 33612	□Remove
			□Change
MGR	Edi Catralis	2612 E 112th ave	
		Tampa F1 33612	
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
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Note: 11	e date, if other than the date of filing:
record : d is filed	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 l.
ated _	September 9 . 2021
	Signature of a member or authorized representative of a member Edi Cabrales Arellano Typed or printed name of signee

Filing Fee: \$25.00