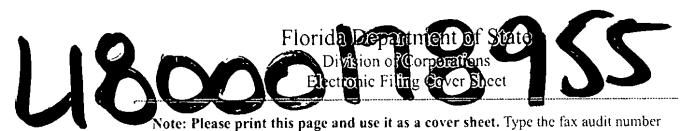
TO:18506176383 FROM:3213199949 Page: 12/3/202013:18 PM



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(shown below) on the top and bottom of all pages of the document.



H200004141433ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : 120180000103 Phone : (407)374-2329 : (407)412-5926 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAINTERS SOLUTIONS OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

	gistration Sec vision of Corp			
		SOLUTIONS OF FLORIDA	LLC	
SUBJECT:	 	Name of Limit	ted Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspor	idence concerning this matter t	o the following:	
		CLEITON CARDOSO		
			Name of Person	
		DOMINIUM CONSULTIN	NG SERVICES	
			Firm/Company	
		6965 PIAZZA GRANDE A	AVE - SUITE 206	
			Address	
		ORLANDO FLORIDA 32	835	<u> </u>
			City/State and Zip Code	
		SERVICES@DOMINIUM		
For further	information co	E-mail address: (t oncerning this matter, please ca	io be used for future annual report notifi ill:	canoni
CAMILA			4()7 374-2329 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 5 12/3/2020 13:18 PM TO:18506176383 FROM:3213199949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTERS SOLUTIONS OF FLORIDA LL		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000178955	ompany were filed on <u>07/25/2018</u>	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:		2020 DE
(Principal office address MUST BE A STREET ADDR	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		A U
(Mailing address MAY BE A POST OFFICE BOX)		- <u>-</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>e</u> ress <u>here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da Zip Code
	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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			■ Remove
			Change
			D-Arid
			De Remove
			ယ် ် O Change
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			☐ Remove
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F Fffe	ctive date, if othe	er than the date	of filing:		(0	ptional)	
(if an e	effective date is listed	, the date must be speed in this block d	pecific and cannot b	e prior to date of filing	or more than 90 days thing requirements,	ifter filing.) Pursuant this date will not b	to 605.020 be listed :
docu	iment's effective d	ate on the Departi	ment of State's re	cords.			
T.C. A.1		a dalawad aff	inetivo data la	ut not an offect	ive time, at 12:0	ılam on the.	earlier :
(b) Th	ecord specifies ne 90th day aft	er the record i	is filed.	ut not an enect	ive time, at 12.0	I dam on the	
Date	DECEMBER 3	RD	2020				
Date	<u> </u>		·	 ·			

Page 3 of 3

Typed or printed name of siguee

Filing Fee: \$25.00