69957296

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COVER LETTER

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SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		FRANKLIN RUBIO		
			Name of Person	<u> </u>
		4 WET PAINT LLC		
			Firm/Company	
		11310 S ORANGE BLOS	SOM TRAIL PMB #374	
			Address	
		ORLANDO, FLORIDA 32	2837	
			City/State and Zip Code	
		FRANK4WETPAINT@GN		
		E-mail address: (to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please ca	ali:	
FRANKI	IN RUBIO		303 801-7117	
•	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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		Street Address: Registration Sec	ction	
I	Division of C	Corporations	Division of Corp	porations
	P.O. Box 632 Tallahassee, l		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

4 WET PAINT LLC

2023 JUL 25 AM 8: 32

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{02/27/2019}{1}$ and assigned Florida document number L19000057296 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA G RUBIO	11342 DARLINGTON DR	= Adđ
		ORLANDO, FLORIDA 32837	□Remove
			□Change
 _			□Add
			Remove
			
			DAdd
			□Remove
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