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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Section Section of Corp			
SUBJECT		NTING SERVICES LLC		
SOBJECI	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter	to the following:	
		Jessica Diringer		
			Name of Person	
		Oge Associates Orlando C	огр	
			Firm/Company	
		7065 WESTPOINTE BLV	STE 303	
			Address	
		ORLANDO, FL 32835		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	r information co	oncerning this matter, please c	all:	
JESSICA	DIRINGER		407 985-4404	
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed i	s 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)
	Tailing Address		Street Address:	antion
Registration Section Division of Corporations		Registration Section Division of Corporations		
	.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

20201....-5 01112: 21:

C ART PAINTING SERVICES LLC

company has been notified in writing of this change.

(A Florida Limited	d Liability Company)	,
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000024904</u> .	ny were filed on 01/17/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	te performance of my duties, and s provided for in Chapter 605, F	I I am familiar with and T.S. Or, if this document is

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
AMBR	CESAR LOPEZ	5530 ARNOLD PALMER DR	□Add
		ORLANDO, FL 32811	□Remove
			■ Change
			□Add
			Remove
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(If an effe	ective date is listed, If the date inserte	r than the date the date must be speed in this block do ate on the Departn	ecific and cannot been not meet the	applicable statuto:	ng or more than 90 day	(optional) safter filing.) Pursuant to s, this date will not be	505,0207 (3)(b listed as the
he record ord is fil	l specifies a delay	yed effective date,	, but not an effec	tive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day a	fter the
Dated _	February 25th	-	1 702V	<u> </u>			
			PULL A		entative of a member		

Typed or printed name of signee