## 120000082486

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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2020 MAY 18 PH 5: 25

O SIMMONS

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| subject: <u>Мисho -</u>  | Work Pari<br>Name of Lim                    | 11/10 a SerVIC<br>ited Liability Company  | es LLC  |  |  |
|--|---|---|---|--|--|
| The enclosed Articles of Amenda  | ment and fee(s) are sub                     | mitted for filing.  |   |  |  |
| Please return all correspondence   | concerning this matter                      | to the following:   |   |  |  |
|  | Simone G                                    | ONZA C. Z<br>Name of Person   |   |  |  |
|  |   | Firm/Company  |   |  |  |
| <u>4.</u>  | 131 Royal E                                 | Banyan dive   | apt 108_  |  |  |
|  |   | 3 3 6 ) 0<br>City/State and Zip Code  |   |  |  |
| <u>_m</u>  | . Work paint, E-mail address: (             | ng 11 ( @ a mail , Com<br>to be used for futare annual report notif                     | fication)   |  |  |
| For further information concerning   | ng this matter, please ca                   | all:  |   |  |  |
| Simone Gonza. Name of Person   | lez_  | at ( <u>&amp;) 3</u> ) <u>&amp; 9 8 - 9</u><br>Area Code Daytime                        | 3 9 4 C/<br>e Telephone Number  |  |  |
| Enclosed is a check for the follow   | ving amount:                                |   |   |  |  |
| Ø\$25.00 Filing Fee □ Si<br>Suncoast<br>Check # 1049                         | 80.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                     | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 |   | 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 202

2020 MAY 18 PH 5: 25

| MUCHO - WORK PAINT,<br>(Name of the Limited Liabil)<br>(A Florid   | V Company as it now appears on our records.) Limited Liability Company)     |
|--|---|
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L 20000082486</u>  | ompany were filed on03/16/2020 and assigned                                 |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the $\lim_{A \neq A} A$   |   |
| The new name must be distinguishable and contain the words "Lin  | ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <u> </u>  |
| (Principal office address MUST BE A STREET ADDI  |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                      | 4131 ROYAL BANYAN DRIVE<br>APT 108<br>TAMPA, FL 33610                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered         |
| Name of New Registered Agent: Bi   | 11 Havre  |
| New Registered Office Address:   | Enter Florida street address  |
|  | . Florida   |
|  | , Florida   |

## 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

| MGR = M $AMBR = A$ | 1anager<br>Authorized Member | 2300                    |              |              |                |
|--------------------|------------------------------|-------------------------|--------------|--------------|----------------|
| <u>Title</u>       | <u>Name</u>                  | ZUZIJ<br><u>Address</u> | MAY 18 PA    | i 5: 25      | Type of Action |
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|   | second<br>on 03   |  |  | V/a.s.             | <b>a</b> wi  | Hed                       | duri   | ng_                     | <u>the</u>                     |
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| effective date is ti<br>e: If the date in<br>ument's effectiv | other than the disted, the date must be serted in this blocke date on the Dep | e specific and<br>k does not n<br>artment of S | I cannot be pric<br>neet the appli<br>State's record | cable statut<br>s. | ory filing r | than 90 day<br>equirement | ts, this date                                    | g.) Pursua<br>e will no | ot be listed                   |
| filed.  | sciayed effective   | uaic, vui noi                                  | an enective  | ume, at 12;        | ora.m. on    | me earner                 | oi: (0) - [1                                     | ne yuu                  | uay atter                      |
| ed)   | 3 of May  |  |  |                    | <i>"</i>     | Se Se                     |  | 1                       | <b>/</b> >                     |
|   | S   | ignature of a r                                | member or aut  | norized repre      | sentative of | a member                  |  |                         | <del>-</del> -                 |

Filing Fee: \$25.00