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TO:

TO: Registration So Division of Cor			
	RMERS PAINT LLC		
SUBJECT:	Name of Lim	ited Embility Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YVETTE PALOMA		
		Name of Person	
	LATINO GROUP BUSIN	ESS	
		Firm Company	
	617 CLEVELAND ST #26	()	
		Address	
	CLEARWATER, FLORIE	DA 33755	
		City/State and Zip Code	
	LATINGROUPBUSINESS	•	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all;	
YVETTE PALOMA		727 657-7725	
Name o	d Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
屬 \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSFORMERS PAINT LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/18/2020	and assigned
Torida document number L20084800	- ≁	
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Lability Company," the designation	'LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		Pa 2 5
		<u> </u>
		지수 08
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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

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>	Name	Address	Type of Action
AMBR	Daniel De la Cruz-Salvador	537 LEXINGTON ST	
		DUNEDIN, FLORIDA 34698	
			□ Change
			□Add
			□Remove
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<u>ore:</u> It'tl	date, if other than re date is fisted, the date he date inserted in the is effective date on th	is block does n	ot meet the a	applicable sta	of filing or mor itutory filing	e than 90 days a requirements, i	otional) ther filing.) Pursua this date will no	int to 605.0207 of be listed as
ecord sp is filed	occifies a delayed effi	ective date, but	not an effec	tive time, at	12:01 a.m. or	the earlier of:	(h) The 90th	day after the
	23/2024		·					
ted								

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