L80000/25819

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DATE:

5/26/20

NAME: MURALS BY US LLC

TYPE OF FILING: AMENEMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	Murals by	Murals by Us LLC					
SOBJEC	· · ·	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Gabriela Arias					
			Name of Person				
		c/o ZenBusiness PBC					
			Firm/Company				
		702 San Antonio St 4th Flo	оог				
			Address				
		Austin, TX 78701					
			City/State and Zip Code				
		fulfillment@zenbusiness.co	om to be used for future annual report notific	otion)			
For furth	er information e	oncerning this matter, please ca	·	ation)			
Gabriela			512 237-7349				
	Name o	f Person		Telephone Number			
Enclosed	is a check for th	ne following amount:					
≘ \$25.0	00 Filing Fce	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Secti	ion			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 HAY 26 AH 9: 36

Murals by Us LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L20000125819</u> 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.

City

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>	<u>Address</u>	2020 MAY 26 Ail 9: 36	Type of Action
MGRM	Carlos Rosales		nue North ;St. Petersburg, FL 33713	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 at 12:	DEL O. C.
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