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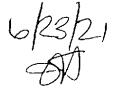
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Baruch Painting Service UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard A. Macias Leiciaga
Firm/Company
651 woodland Creek Blvd
Kissimmee FL 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard A. Maria Code (321) 315-0432 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2000 185824</u> .	ny were filed on	ON 3020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registe
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street	address
-	City	, Florida 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 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>	Type of Action
<u>A</u>	Nelan Royas Villeges	GIA Banner Lake Cir	□Add
	•	alando, FL 32821	[DRemove
			□Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
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			□Change

. m an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
(If an e <u>Not</u> e	ctive date, if other than the date of filing:
the rece cord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 05 18/2021- Signatur of a member or authorized representative of a member
	Richar A Micias Leiciasci. Typed or printed name of signee

Filing Fee: \$25.00