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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Olly, Callet Zip), Hollo ny
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , , ,
(Document Number)
(Boodine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

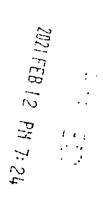
Office Use Only



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* 98 02 2021 S. YOUNG



COVER LETTER

TO:

TO: Registration Se Division of Cor	porations		* ************************************
0	en a strange Parist	Group LLC	* ************************************
SUBJECT:RC	Mo Care Mourt	ited Liability Company	•
	Traine or carri	med macinity desirpany	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rony	Arraga Name of Person	
	1	Name of Person	
	Remoc	leampaint Group	, LLC
	15631 willow	, arbor ar	
		Address	
	Orl	ando II 32824	
		City/State and Zip Code	
	remoclean	paint@cmail.wm	
For further information c	oncerning this matter, please c		tification)
Rony	7 arc AC 2	at (407) 334	0673
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kemoel anpoint	Group, LLC	
(<u>Name of the Limited/Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	1	and assigned
Florida document number <u>L 20000237949</u>		
This amendment is submitted to amend the following:		2 PH ::
A. If amending name, enter the new name of the limited	·	7: 24
The new name must be distinguishable and contain the words "Limited	, , ,	
Enter new principal offices address, if applicable:	337 Caravelle Li Kissimmee, Fl 34	-
(Principal office address MUST BE A STREET ADDRES	(s) Kissimmee, H 31	1746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2337 Carwelle lu Kusinnee, Fl 34	- 746
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gonzalez Martinez	1563/ Willew Arbon air, Orlando, 7/ 32824	□Add
	Julsonnys Allrancer	Orlando, 7/ 32824	ATRemove
			□Add
			□Remove
			□Change
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m l is filed.	
Signature of a member of authorized representative	
Signature of a member of authorized representative	
Rough a member of a unitarized representative	c of a member

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Filing Fee: \$25.00