L2100002913

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JUN 2 2 2022	

Office Use Only



600389855566

06/22.22~01012~013 **60.00

RECEIVER-ILED

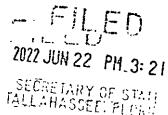
1022 JUN 22 2022 JUN 22 PM 3: 21 - - - SECRETARE OF STARL THE

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: LUV.	R PAINTING LLC., Name of Limbed Liability Company	11 0 -1 · ··· i	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	Lilian Romero Name of Person		
	Firm/Company		
	420 Marcus Lin Co	>1 19	
	Tallaliasec FL City/State and Zip Co		
-	E-mail address: (to be used for future ann	nual report notification)	
	erning this matter, please call:		
Name of Pe	rison Ronge at (\square 50) Area Code	Daytime Telephone Number	
Enclosed is a check for the	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing F Certificate of Status Certified Copy (additional copy to	y Certificate of State	
Mailing Address: Registration Sec		et Address: istration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Lindited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on $2 19 202 $ and assigned 2973
Florida document number <u>L2100000</u>	<u>69</u> 73
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the b	
Lux R. Paining &	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	- Think in the state of the sta
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Mulling dadress MAT BE A TOST OFFICE BOXY	
D 16	and off an address on our research, outset the games of the new registeres.
B. If amending the registered agent and/or registe agent and/or the new r <u>egistered office address her</u>	red office address on our records, <u>enter the name of the new registerec</u>
agent and/or the new registered office address ner	<u>·</u> ·
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Hadress.	Enter Florida street address
	Planida
	, 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 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>	Address	Type of Action
AMBR	Elian Romin	420 Marrus LN 6514	··· □Add
		Tallahassee, FL	□Remove
			XChange
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			Change
		□Add	
			□Remove
			□Change

-	
-	
-	
-	
-	
•	
(if an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	Signature of a member of a member
	Typed or printed name of signee

Filing Fee: \$25.00