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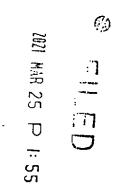
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT: F	all Addictive	Painting UC.		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Kat	Name of Person		
	Full A	ddictive Paintin	g LC	
	14758 Lad	y Victoria BI	149	
	_Orlando	FU. 328240 City/State and Zip Code		
		existing 100 cm	mail Com	
For further information co	ncerning this matter, please ca	ıll:		
Katia Y.	Person	at (<u>321</u>) <u>297</u> - Area Code Daytimo	- 8816 e Telephone Number	
Enclosed is a check for the	following amount:			
☑ \$25.00 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 enclose	
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	ection rporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations illahassee Street, Suite 810	2021 MAR 25 P
				SS:1:55

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Full Addictive Pai	nting UC
(<u>Name of the Limited Limited Limited I</u> (A Florida Limited I	ny as it now/appears on our records.) Jiability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100086735</u> .	were filed on Feb 22, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14758 Lady Victoria Blva.
(Principal office address MUST BE A STREET ADDRESS)	Orlando F-L. 32826
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14758 Lady Victoria Blvd. Crlando Fl. 32826
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ia Y Cnuz
New Registered Office Address: V476	Enter Florida street address
_Orla	City Florida 32826
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signature of New Registered Agent
	ED P 1:55

JAMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Katia Y. Cruz	14758 Lody Victoria Blud	<u> </u> ☑Add
		Orlando F.L. 32826	□Remove
			[]Change
MGR	Michael A. Beltras	14758 Lady Victoria Blue	MAdd
		Dilando F.L: 32826	□Remove
			□Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
		_ ·	
			
			
(If an <u>Not</u> e	effective date, if other than the date of filing: Ferrory 22, 2021 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ament's effective date on the Department of State's records.	suant to 605.020 not be listed a	07 (3)(b) as the
f the rec record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 filed.	th day after th	e
Date	d February 22 2021.		
	LATI-UCZ-		
	Signature of a member or authorized representative of a member		G.
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	Kotio Y Cas		
	Katia Y. Cruz. Typed or printed name of signee	_	η
	Typed or printed name of signee	MAR	71
	Typed or printed name of signee	MAR 25	
	Typed or printed name of signee Filing Fee: \$25.00	MAR 25	TILED