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SUBJEC								
SOMPEX.	···	Name of Lim	ited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
		HAYDEE VALDERRAM	Λ					
			Name of Person					
		A PAINTING & WALL SERVICES, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: HAYDEE VALDERRAMA Name of Person QUALITY BUSINESS SOLUTIONS, LLC Firm Company 1229 PROVIDENCE BLVD SUITE J Address DELTONA, FLORIDA 32725 City/State and Zip Code VALDERRAMABUSINESS(@VAHOO,COM 1-mail address: to be used for future annual report notification) tion concerning this matter, please call: RRAMA/ARACELLARROYO 386 259-4971 aut Area Code Daytime Telephone Number for the following amount: ee S 30,00 Filing Fee & Certified Copy fadditional copy is enclosed) Certified Copy fadditional copy is enclosed)						
			Firm/Company	·				
	Name of Person QUALITY BUSINESS SOLUTIONS, LLC Firm/Company 1229 PROVIDENCE BLVD SUITE J Address DELTONA, FLORIDA 32725 City/State and Zip Code VALDERRAMABUSINESS(gYAHOO,COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: //DEE VALDERRAMA/ARACELI ARROYO at (
		Address						
		DELTONA, FLORIDA 32725						
								
								
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HAYDEI	E VALDERRAI	MA/ARACELI ARROYO						
	Name of	f Person	Atea Code Daytimo	* Telephone Number				
Enclosed	is a check for th	e following amount:						
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy				
	dailing Address Registration S		Street Address: Registration Sec	ction				

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

E & A PAINTING & WALL SERVICES, LLC (Name of the Limited 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 $\frac{03/03/2021}{1}$ and assigned Florida document number L21000103630 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 __. Florida ___ City

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 482154, 27 PN 5:09	Type of Action
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		DE LEON SPRINGS, FL 32130	□Remove
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Signature of a	member or authori	zed representati	ve of a mem	bei		
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Filing Fee: \$25.00