L21000122979

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	T: AAU Multi Painting Service) (
The end	sed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	urn all correspondence concerning this matter to the following:	
	Alexander Valore Name of Person	
	Firm/Company	
	4733 W. Waters are Apt 1435	
	Tampa FL 33614 City/State and Zip Code Alexander valor 08 @ Hotmail- com E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
Ale	Name of Person at (813) Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
X \$25	Of Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LZ1006127979</u>	mpany were filed on $03/15/2021$ and assigned
This amendment is submitted to amend the following:	nendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: I name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" o
A. If amending name, enter the new name of the limite	ed liability company here:
	207
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	iss)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
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 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	Haxander valor	4733 he haters are	XAdd
	8590	Tempa LL 33614	□Remove
			□Change
MGR	lanessa Zapata	Tampa FL 33614	- Avgg
	15%	Tampa FL 33614	□Remove
			□Change
			□ Add
		IÀIL AIR SEEL I DRIDA	Remove APR Change Change Remove
			Remove
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be prior does not meet the applications.	r to date of filing or m cable statutory filin		filing.) Pu		
record specifies a delayed effective datis is filed.	ite, but not an effective t	ime, at 12:01 a.m. (on the earlier of: (b)	The 90	th day afi	ter the
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ated $04/20/20$	nature of a morphor or auth	orized representative	of a member			