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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
SUBJECT:	icture Paint Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> Lonald</u>	Allon Cirringione III Name of Person	<del>-</del> 
		Firm/Company	
	2916	Cleburne Rol Address	<del></del>
	Orlando	FL 32817	
	Trey Ci E-mail address: (	City/State and Zip Code  Crincione @ Gmail. Code to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
<u> </u>	of Person	at ( <u>407</u> ) <u>961</u> Area Code Daytime	relephone Number
Enclosed is a check for the			
□ \$25.00 Filing Fee	S30.00 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 Address Registration 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of T	
Tallahassee, l			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

l'Icture !	Paintin	g L.L.C	•		
(Name of the Limited	Liability Compan Florida Limited Li	as it now appears on ability Company)	our records.)	· <del></del>	
The Articles of Organization for this Limited Liab Florida document number <u>1216001782</u>	oility Company v	vere filed on	<u>/16/202</u>	and assigned	d
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the Trey's Allsca.  The new name must be distinguishable and contain the work			varion "LLC" or the	abbreviation "LLC"	
Enter new principal offices address, if applicab	ole: <u>ADDRESS)</u>	2916 Co Orlando, Fo	leburne R.	<u>d</u> 1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Grlando Fl	Harbour lie	Als CT	
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of the new registered of the new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered of the new registered agent and/or the new registered of the ne	istered office ac <u>here</u> :	idress on our recor	rds, <u>enter the na</u>	me of the new reg	gistered
Name of New Registered Agent:	Ronald	CITTINGO LEBUTAE PLOI Enter Florida s	ne III	- Fig. 3	<del></del>
New Registered Office Address:	1916 C	<u> 1CDV NC 14c1</u> Enter Florida s	treet address	1328114	<del></del>
	Orla	City	, Florida _	32817 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
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