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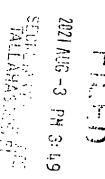
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COVER LETTER

	gistration Sec vision of Corp					
aun in een		PAINTING AND MULTISE	RVICES LLC			
SUBJECT:		Name of Lin	ited Liability Company			
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspor	ndence concerning this matter	to the following:			
		NELLY VICENTE CARE	OONA			
			Name of Person			
		RAINBOW PAINTING A	ND MULTISERVICES LLC			
Firm/Company						
1353 W POINTE VILLAS BLVD APT 103					2	
Address				100 PM	الع نيَّة	
	WINTER GARDEN FL. 34787			2021 MJG - C	و و دستسب	
			City/State and Zip Code		# 3 P	
		E-mail address: (to be used for future annual report notif	lication)	ું તું કર્યું ક	الس
For further i	nformation co	oncerning this matter, please c	all:		13. To	
NELLY VI	CENTE CAR	DONA	407 881-3101 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 B	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAINBOW PAINTING AND MULTISERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fiorida Limited L	Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000230988</u>	were filed on 05/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
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)		
		<u> </u>
		DI I
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the name</u> :	of the new registered
agent and/or the new registered office address here:		ن <u>ک</u> ن
		D 19
Name of New Registered Agent:		<u> </u>
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
MGR	NELLY VICENTE CARDONA	1353 W POINTE VILLAS BLVD APT 103	= Add
		WINTER GARDEN, FL 34787	🗆 Remove
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ffective date, if other than th	e date of filing: 06/22/2021 st be specific and cannot be prior to date of filing or n	(optional)
<u>fote:</u> If the date inserted in this b	lock does not meet the applicable statutory filir	nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
ocument's effective date on the I	Department of State's records.	
record specifies a delayed effecti	ve date, but not an effective time, at 12:01 a.m.	on the earlier of the The 90th day after the
is filed.	oute, out not an effective time, at 12.01 a.m.	on the carner or, (by The Four day and the
HIME 22	2021	
, JUNE 22,	. 2021	
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Filing Fee: \$25.00