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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	oclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Keven Torres
	VL Painting Services, LLC
	264 Begonia Lane
	Kissimmee, FL 34759
	City/State and Zip Code  Keven+orres 1986 Cicloud.com  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Keven Torres  at (203) 947 - 8751  Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
₹/s2	25.00 Filing Fee \$\Bigsquare\$ \$30.00 Filing Fee & \Bigsquare\$ \$55.00 Filing Fee & \Bigsquare\$ \$60.00 Filing Fee,  Certificate of Status \$\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

21 SE# -1 PH 12: 22

	Services, ac
( <u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on June 15,3021 and assigned
Florida document number <u>L2100027</u>	0820
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	l office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Сиу Zap 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 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

21 SET -1 PH 12: 22

<u>Title</u>	Name	Address	Type of Action
vorized ovesentativo	Johnn Suarez Giraldo	2727 amanda Kay Way	_ ZÁdd
	Giraiou	2727 amanda Kay Way Kissimmee, FL 34744	□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
<del></del>			□Add
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), 11 <b>4</b> 110	ending any other information, enter change(s) here: (Attach additional sheets, if necessary:)  21 SEP-1 PH 12: 22
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Note:	ive date, if other than the date of filing: 20 20 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ecord is fi	
Dated	August 27 2021  Keven Tonies  Signature of a member or authorized representative of a member  Keven Tonies  Typed or a project page of source
	Sugnature of a member or authorized representative of a member
	Keven Torres
	Typed or printed name of signee

Filing Fee: \$25.00