## K21 000376603

(Requestor's Nar	ne)
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	per)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	

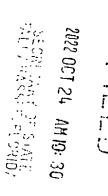
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A. RIVERS
JAN 1 2 2023



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## **COVER LETTER**

, TO: 1 Registration Section

Division of Corporations	
SUBJECT: Vero Coastal Pai	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	Name of Person  B Coastal Painting  Firm/Company
2440 8	Address  Address  Ach Florida 32966  City/State and Zip Code
Vero Be	ach Florida 32966  City/State and Zip Code  Spirity 99@Hotmail.com  ssitto be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Roy Espiritu	at ( <u>772</u> ) <u>584-6796</u> Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, 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>Ver</u> o	COASfal Pare of the Limited Lial	ain ting	LLC			
( <u>Nar</u>	<u>ie of the Limited Lial</u> (A Flo	<u>pility Company</u> rida Limited Liab	as it now appears o ulity Company)	n our records.)		
The Articles of Organization for the Florida document number	-		ere filed on	<u>0</u> 8/23/262	and ass	igned
This amendment is submitted to an	nend the following	:				
A. If amending name, enter the c	new name of the li	mited liabilit	y company here	:		
The new name must be distinguishable an	d contain the words "I	limited Liability	Company," the desig	gnation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices addre	ess, if applicable:	_				
(Principal office address MUST B	<u>E A STREET AD</u>	DRESS)				
		_				
F	-EL1					
Enter new mailing address, if ap		_	<del></del>			
(Mailing address MAY BE A POS	<u>i office box)</u>	_				
		_				
B. If amending the registered ag			lress on our reco	ords, <u>enter the n</u>	ame of the nev	v registered
agent and/or the new registered o	office address her	<u>e</u> :				
Name of New Registered	Agent:					
New Registered Office A	ddress:					
new negation of the fi			Enter Florida	street address	122 OC	
				, Florida	26 OCT	
			City		Zip Sode	<u> </u>
New Registered Agent's Signature,						
I hereby accept the appointment provisions of all statutes relative accept the obligations of my post being filed to merely reflect a ch company has been notified in wr	to the proper and tion as registered unge in the regist	l complete pe l agent as pro ered office aa	rformance of my wided for in Cha	v duties, and Lai upter 605, F.S. C	ท <sub>ี่</sub> -}ี่ผู้ทุกปกัญรู wit Dr: if this docu	h and iment is

If Changing Registered Agent, Signature of New Registered Agent

If amending Au or removed from	ithorized Person( m our records:	s) authorized to man	age, enter the title, name, and address of each	person being added
MGR = Mana AMBR = Auth				
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Francisco	Enciso Espelillo	1220 Wyoming Ave Fort Pierce FL. 3	- EAdd 1982
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`an effe <mark>{ote:</mark>  }	ective date is listed, the date If the date inserted in th	the date of filing:
record Lis file	d specifies a delayed effi ed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	<u>10/13/2022</u>	·
		Boals Espirity
		Rong Esp'r' / V Signature of a member or authorized representative of a member