## L21000 440 869

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OKY/ORAIO/EIGH HOTE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	SMA Der Name of Limi	Pro Painting (ited Liability Company)	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Juon</u>	Villa lon Name of Person	ga
	•	Firm/Company	
	420 :	8W 12T Ave	#22
		i FC 3 City/State and Zip Code	
For further information of	E-mail address: (	to be used for future annual report notil	fication)
	-		
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited		rds.)	_
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 44 D869</u>	y were filed on10 (	98   2021 and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial  The new name must be distinguishable and contain the words "Limited Liab	LCC	.C" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del> -
	<u> </u>	2024 FEB	
Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of co	e new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	ress	
		Florida	
<del></del>	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agen	ı <u>t:</u>		

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>	<u>Address</u>	Type of Action
		<del></del>	□Add
			□Remove
			☐ Change
			□Add
			□Change
		<del></del>	\Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

fame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ef Note:	tive date, if other than the date of filing:  ON 2024 (optional)  fective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ated	02/01/24
	Signature of a member of authorized representative of a member
	Typed or printed name of signey