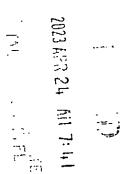
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
 -	(Document Number)
	Certificates of Status
Special Instructions	s to Filing Officer:



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Office Use Only

J 6/8/2023

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

GOLD QUALITY PAIN	IT LLC			
Name of Lim	ited Liability Company			
mendment and fee(s) are sub	mitted for filing.			
dence concerning this matter	to the following:			
ENR	IQUE SANTIAGO			
	Name of Person		_	
	Firm/Company		_	
6482 COUNTY ROAD 154A				
	Address			
E-mail address: (to be used for future annual re	port notification)		
		,		
ENRIQUE SANTOS		352 348-5729		
erson	Area Code	Daytime Telephone Numb	cr	
following amount:				
☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certific sed) Certifie	ate of Status &	
ection	Registrat	ion Section		
	Name of Lim mendment and fee(s) are sub dence concerning this matter ENR 6482 COU WILDWO E-mail address: (meerning this matter, please concerning this matter, please concerning this matter) Person	Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: ENRIQUE SANTIAGO Name of Person Firm/Company 6482 COUNTY ROAD 154A Address WILDWOOD, FL 34785 City/State and Zip Code E-mail address: (to be used for future annual respecting this matter, please call: NTOS at (Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: ENRIQUE SANTIAGO Name of Person Firm/Company 6482 COUNTY ROAD 154A Address WILDWOOD, FL 34785 City/State and Zip Code E-mail address: (to be used for future annual report notification) neerning this matter, please call: NTOS at (

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

GOLD QUALI	ITY PAINT LLC	2023 AFR 24 AH 7: 41
(Name of the Limited Liabi	ility Company as it now appeda Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability		TOTAL STATE OF THE
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company l	ierę:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl.	orida street address
	23,000	
	City	, Florida Zin 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

Title `	<u>Name</u>	Address	Type of Action
AMBR	ENRIQUE SANTIAGO	6482 CR 154A, WILDWOOD, FL 34785	□Add
			□Remove
			= Change
AMBR	PAMELA M CERVANTES GONZ	6482 CR 154A, WILDWOOD, FL 34785	□Add
			≡ Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change
		,	□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

. If ame	ending any other info	rmation, ente	r change(s) he	ere: (Attach a	dditional shee	ts, if necessa	ry.)	
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Note:	ive date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	iis block does no	ot meet the app	licable statutory	g or more than 90 filing requirer	(optional) days after filin nents, this dat	g.) Pursuant to 605	.0207 (3 ed as th
he recore	d specifies a delayed eff led.	ective date, but	not an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day afte	r the
Dated	APRIL 13		2023	 ·				
	£	YY \ \ \ \ C Signature o						
		Signature o	f a member or au	thorized represen	tative of a memb	per		