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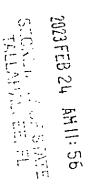
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	V Paint and Wallpa	aper Arhsts LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Valeria Vielya Name of Person	
		Firm/Company	<del></del>
	_ 970 acry	e rare ar APTICE	
	Welling	FU FL 33411 City/State and Zip Code	2023 FEB 24 SECK-1/ALL/ALL/ALL/ALL/ALL/ALL/ALL/ALL/ALL/AL
	E-mail address: (	VILITA Stole annual report notific	canon)
For further information e	oncerning this matter, please ca	all:	AH I
Name o	Lria VILICA (Person	at (501) CTO 4 Area Code Daytime	304 7 5
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sect	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number <u>L21000485590</u> .	pany were filed on <u>Nov 10</u> , 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Hiability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SECTION TALL EB
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	B III
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Valeria Vieira
New Registered Office Address:	to Quaye, lave (in Apt 102
	Vellington, Florida 33411 Zip Code
New Registered Agent's Signature, if changing Registered A	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□Add
			□Remove
			Y.□ Change
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