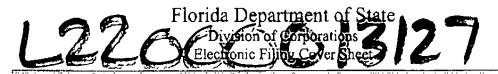
Division of Corporations



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(((H22000374808 3)))



H220003748083ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone : (954)793-0353 Fax Number : (954)944-3163

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FATIMAPS 887@GMAIL.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JK GENERAL PAINTING, LLC.

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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220003748083)))

JK GENERAL PAINTING	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	<u>iow appears on our records.)</u> Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L22000013127</u>	led on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany bere:
JKS GENERAL PAINTERS, LLC.	
The new name must be distinguishable and contain the words "Limited Liability Comp	vany," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registered
agent and/or the new registered office address here:	NON.
N	1 -
Name of New Registered Agent:	
New Registered Office Address:	A C
	Enter Florida street address
City	, Florida 🔀 💛
City	Zip 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: (((H22000374808 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM_	Julio Cesar Patureba Tristao	6799 Town Harbour Blvd # 2014	□Add
		Boca Raton, FL 33433	<b>⊠</b> Remove
			Change
AMBR	FS Beauty Spa, Inc.	6799 Town Harbour Blvd # 2014	∭Add
		Boca Raton, FL 33433	□Remove
			□Change
		<del></del>	🗆 Add
			□Remove
			Change
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		<del></del>	□Add
			□Remove
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			□Remove (((H22000374808 3))
			Change

(((H220003748083)))

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n ef: <u>te:</u>	ive date, if other than the date of filing:  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 605.020'  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records,
	d 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 led.
œd	Nov 1, 2022
	Julin 464 1, 2022 19:00 EDY)
	HUBSTERON AND PROPERTY.