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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| en or | | PAINTING LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| The end | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please i | eturn all correspor | ndence concerning this matter | to the following: | |
| | | RAFAEL MONARCA FL | | |
| | | | Name of Person | |
| | | MONARCA FLORES | | |
| | | | Firm/Company | |
| | | 18540 S US Highway 301 | UNIT A | |
| 1 | | | Address | |
| | | Wimauma, FL 33598 | | |
| | | | City/State and Zip Code | |
| | | RAFAELMONARCAFL@ | | |
| | | | to be used for future annual report no | otification) |
| For furt | her information co | ncerning this matter, please ca | ıll: | |
| RAFA | EL MONARCA FI | LORES | 813 786-9379 | |
| Name of Person | | | me Telephone Number | |
| Enclose | d is a check for the | e following amount: | | |
| ■ \$25 : | i.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |
| | Mailing Address Registration S | | Street Address: Registration S | potion |
| | Division of Co | | Registration Section Division of Corporations | |
| | P.O. Box 6327 | 1 | The Centre of | Tallahassee |
| | Tallahassee, F | L 32314 | 2415 N. Monr Talfahassee, F | oe Street, Suite 810 L 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAFAEL MONARCA ELORES MONARCA PAINTING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/06/2022}{1}$ ____ and assigned Florida document number $\underline{1.22000014844}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XPRESSION PAINTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 add | | , | | | |
|--|----------------------------------|----------------------|------------------------------|--------------------------|-------------|
| | If amending Authorized Person(s) | authorized to manage | , enter the title, name, and | l address of each person | being added |
| or removed from our records. | or removed from our records: | - | | | |

| 'MGR = | Manager |
|--------|-------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than to | the date of filing: 09/06/2023 must be specific and cannot be prior to | date of filing or more than 00 | (optional) | sugar to 405 0° |
| te: If the date inserted in this | block does not meet the applicate Department of State's records. | ole statutory filing requiren | nents, this date will | not be listed |
| difference date of the | riseparation of state s records. | | | |
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