## L22000071148

(Requestor's Name)
(Address)
, ,
(Address)
(Ĉity/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusitess Ellity Natile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

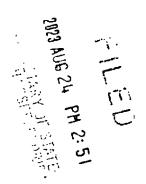
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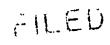
## COVER LETTER

TO:

TO: Registration S Division of Co		•		
	PAINT SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JHON E RODRIGUEZ			
		Name of Person		
	VISUAL PAINT SERVIC	CES LLC		
		Firm/Company		
	5009 OAKSHIRE DR			
		Address		
	TAMPA FL 33625			
		City/State and Zip Code		
	VISUALPAINTSERVICE:	S@GMAIL.COM  (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	·	uncarion)	
JHON RODRIGUEZ		843 2989558 at ( )		
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ootion	
Registration Section Division of Corporations		Registration So Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## . ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



VISUAL PAINT SERVICES LLC

2023 AUG 24 PM 2: 51

(Name of the Lin	mited Liability Company as it now (A Florida Limited Liability Con	npany)	ter of STATE.	
The Articles of Organization for this Limited Florida document number L22000071148	Liability Company were filed	on <u>02/11/2022</u>	and assigned	
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	e words "Limited Liability Company	y," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if app	licable:			
Principal office address MUST BE A STRE	EET ADDRESS)			
	-			
2				
Enter new mailing address, if applicable:		<del></del>	_	
Mailing address MAY BE A POST OFFIC	<u> </u>			
3. If amending the registered agent and/or		our records, enter the 1	name of the new regis	
gent and/or the new registered office addi	ress here:			
Name of New Registered Agent:	ANGELA LABADIE			
	5009 OAKSHIRE DRIVE			
New Registered Office Address:	•	ter Florida street address	···	
	ТАМРА	. Florida	FL 33625	

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
AMBR	ANGELA LABADIE	5009 OAKSHIRE DR TAMPA FL 33625	<b>=</b> Add
			□Remove
			□Change
AMBR	KIMBERLEE RODRIGUEZ	4325 5TH AVENUE S SANT PETERBURG FL 33	
			Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			DAdd
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_\_\_ Signature of a member or authorized representative of a member JHON RODRIGUEZ Typed or printed name of signee