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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLANA SEE STATE

COVER LETTER

	istration Se ision of Cor			_
	PAINT 5 S	TART, LLC		•
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		FABIOO VILLA		
			Name of Person	···
		PAINT 5 STARS, ELC		
			Firm/Company	
		3626 NE 168TH STREET	APT 301	
			Address	
		NORTH MIAMI BEACH.	FL 33160	
		-	City/State and Zip Code	
		FAVIOVILLA 108@HOTM		
Com Grantson in	at annual as a		to be used for future annual report noti	itication)
		oncerning this matter, please ca	Ш;	
FABIO VILI	LA 		786 294-4630 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	iling Addres		Street Address:	
	gistration S		Registration Se	
	usion of C Box 637	Corporations	Division of Cor The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PAINT 5 START, LLC

2022 MAR 11 PM 2: 28

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALL ARY OF STATE TALLAHASSE The Articles of Organization for this Limited Liability Company were filed on $\frac{2/12/2022}{1}$ and assigned Florida document number 1.22000072302 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAINT 5 STARS, LLC The new name must be distinguishable and contain the words "Limited 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 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 City 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u>.</u>	□Remove
			□Change
		 	□Remove
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ective date, if other than the da reffective date is listed, the date must be te: If the date inserted in this block rument's effective date on the Depa	does not meet the appl	icable statutory filing	c than 90 days after fili requirements, this da	ag.) Pursuant to 605.020 ag.) Pursuant to 605.020 ate will not be listed a
cord specifies a delayed effective da s filed.	ate, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
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سسبر	/ · · / · //			
Fa	bio Villa mature of a member or aut	horized representative o	f a member	