122000091472

(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Dox	cument Number)	
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SECRETARY OF STATE OF CORFORATIONS

T. MATTHEWS APR 13 2022

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	H SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVI ALMEIDA		
		Name of Person	
	Pro Finish S	iervicus LLC Firm/Company	
		Firm/Company	<u> </u>
	3265 SAINT BARTS LN		
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	MARIANAVENANCIO@		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
MARIANA VENANCIO)	857 829-3648	
Name of	ſ Person	Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration S	
Division of C	•	Division of Co	•
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SCORE TARY OF STARY ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 MAR 30 AM 9: 42

PRO FINISH SERVICES 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 Liab Florida document number <u>L22000091472</u>	ility Company were filed on 02/08/2022	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	,	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 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>	Name	Address	Type of Action
AMBR	DAVI ALMEIDA	3265 SAINT BARTS LN CLERMONT FL 34711	= Add
			□Remove
			□Change
MGR	DAVI ALMEIDA	3265 SAINT BARTS LN CLERMONT FL 34711	\BAdd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			□Add
			□Remove
			□ Change

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	DAVI ALMEIDA		