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CAPITAL CONNECTION, INC.

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Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search			Fictitious Search
Vehicle Search	Signature		Fictitious Owner Search
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Walk-In Will Pick Up Courier	Name	Date Time	UCC 11 Search
	ranne	Date Time	UCC 11 Retrieval
			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2022 APR 19 AM 10: 00

LUIS QUALITY PAINTING, LLC

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) HASSEE, FLURAL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited 1 Florida document number L22000103462	Liability Company v	were filed on <u>02/28/2</u>	022 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the design.	ation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if appli	cable:	1420 CELEBRATIO	N BLVD
(Principal office address MUST BE A STRE	ET ADDRESS)		
		CELEBRATION, FL	. 34747
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac ss here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	LUIS PALMA		
New Registered Office Address:	1420 CELEBRA	TION BLVD	
		Enter Floridu st	reet address
	CELEBRATION		, Florida <u>34747</u>
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MIGDALIA PALMA	3830 BOWLINE CIRCLE	≅Add
		UNIT 101	-
		KISSIMMEE, FL 34741	
			□ Add
			□Remove
			
			□Remove
			□Change
		·	DAdd
			□Remove
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			□Change
			□Rcmove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe Note:	ve date, if other than the date of filing: APRIL 18, 2022 (optional) 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 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is file	I 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 ed.
Dated]	APRIL 18 . 2022
	Oxs k
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00