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CL .1/8/2073

COVER LETTER

.

Registration Section

TO:

Division of Cor	porations			
Fresh Paint	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carlos Orellano			
		Name of Person		
	ZenBusiness INC			
		Firm/Company		
	336 E. College Ave Suite	301		
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		
	fulfillment@zenbusiness.co	om to be used for future annual report no	stification)	
For further information c	oncerning this matter, please c		, and the second	
Carlos C/O ZenBusiness, Inc.		844 493-6249		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of	•	
Tallahassee, l	FL 32314		oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



Fresh Paint LLC

2023 HAY 12 AH 9: 07

(i	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 1.22000118270		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		<u>.</u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete performance of my duties, ered agent as provided for in Chapter 60 egistered office address, I hereby confirm	and I am familiar with and 5. F.S. Or, if this document is

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
AMBR	Ewa Katarzyna Majka	11351 Southeast 121st Lane Road	■Add
		Belleview, FL 34420	□Remove
			Change
AMBR	Grzegorz Pokrzywa	11351 Southeast 121st Lane Road	□Add
		Belleview, Fl. 34420	□Remove
			■Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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