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1072 JUNITH AM 10:51

COVER LETTER

TO: Registration Sec Division of Corp		•	, b 5
SUBJECT:	Proster Pictri Name of Lim	ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	View	Name of Person	
	Zrosta	Firm/Company	cox. file
	137	Heather Gary Cir	∕d¢
	E-mail address: (fee(s) are submitted for filing. Ing this matter to the following: Victory Victo	
For further information co	ncerning this matter, please ca	all:	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	Prostor Printed Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: Wichalas Ishar Name of Person		
\$\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S.	i i	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 JUN 14 AM ID: 52

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Traster	Painters and	Marc Diceron
(Name of the Limited Liabili (A Florida	ty Company as it now appears or Limited Liability Company)	nour records.) MELAHASSEE, FL
		/15/2022
The Articles of Organization for this Limited Liability C	lompany were filed on 🔼	and assigned
Florida document number <u>L72 Q0Q 12938</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	aited Liability Company " the design	ingtion "LLC" or the approviation "LLC"
	med that my company, the design	partition for the apprehimmal factor.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, 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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00