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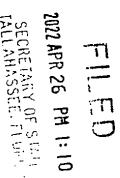
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLOUY WOULS POINTING, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis Perez
Colour Waves Painting, LLC Firm/Company
555 Lafayette St. SW
Palmbay F1 32908 City/State and Zip Code
Colour Wave Danting L. Carmay. COM E-mail address: (to be used for future agricular report notification)
For further information concerning this matter, please call:
Name of Person at (321) 541-365 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, 2022 APR 26 PM 1-10

<u>Colour Waves</u>	Painting, Lloson	FIADVOE	
(<u>Name of the Limited L</u> (A F	lability Company as if now appears of lorida Limited Liability Company).	TASSEL FLORE	
The Articles of Organization for this Limited Liabi		3/07/22	_ and assigned
Florida document number <u>L 22 000 133</u>	356		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the COLOW WAVE Pai	nting, LLC		
The new name must be distinguishable and contain the words	"Limited Diability Company," the design	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regis	stored office address on our recei	ards anter the name of	of the new registers
agent and/or the new registered agent and/or regis		ids, enter the name t	if the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
<u>-</u>		, 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 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>	Name	Address	Type of Action
manager	Lisa Pena	555 Lafayettest	NAdd
•		555 Lafayettest Palm bay, F1 32908	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Colour waves painting, UC
Change to:
Colour Wave Painting, LLC
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated April 22 2022. Luis Pener
Signature of a member or authorized representative of a member LUIS Pevel Typed or printed name of signee