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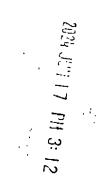
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| Special Instructions to F | iling Officer: | |
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| TO: | Registration Solvision of Co | | • | |
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| | | tion Painting,4LLC | | g' |
| SUBJE | :СТ: | | : nited Liability Company | <u> </u> |
| | | | | • |
| The end | closed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please i | return all correspo | ondence concerning this matter | to the following: | |
| | | Bryan S. Segura Colonia | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 5576 Blue Azure Dr | | |
| | | | Address | |
| | | Wimauma FL, 33598 | | |
| | | | City/State and Zip Code | |
| | | bspinnovationpainting@gn | | |
| | | E-mail address: (| to be used for future annual report not | fication) |
| For furt | her information o | concerning this matter, please of | all: | |
| Karen : | Segura | | 774 240-4100 | |
| - | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| □ \$25 | i.00 Filing Fec | ■ \$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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

| any as it now appears on our records Liability Company) | <u>s.</u>) |
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| were filed on April 13, 2022 | and assigned |
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| oility company here: | |
| | |
| ility Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| 5576 Blue Azure Dr | 202 |
| Wimauma FL, 33598 | <u></u> |
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| | 10 |
| address on our records, enter | the name of the new regi |
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| Enter Florida street address | s |
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| , Fle | orida Zin Code |
| 1 | N/A Address on our records, enter Enter Florida street address. Florida street. |

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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| ective date, if other than the confective date is listed, the date must see: If the date inserted in this bloomment's effective date on the Department. | be specific and cannot be prior ck does not meet the applic | to date of filing or more table statutory filing re | | |
| cord specifies a delayed effective sfiled. | date, but not an effective ti | ime, at 12:01 a.m. on t | he earlier of: (b) The 90tl | h day after the |
| | | | | |
| June 12 ed | . 2024 | <u> </u> | | |
| ed June 12 | ignature of a prember or author | yus Calonia. | member | |