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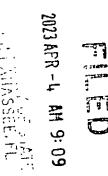
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

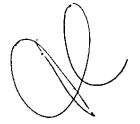
Office Use Only



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COVER LETTER

Div	ision of Cor	porations		
CUDIFOT-	Painted Da	o Personal Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The analogod	l Amtiolog of	Amundatura and foo(s) are sub-	united for filing	
		Amendment and fee(s) are sub	<u>-</u>	
Please return	all correspo	ondence concerning this matter	to the following:	
		Fabrizio L.		
			Name of Person	
		ZenBusiness INC.		
ZenBusiness INC. Firm/Company 336 E College Ave, Ste 301 Address Tallahassee, FL 32301		20		
		336 E College Ave, Ste 30	01	123 AP
			Address	, zi
		Tallahassee, FL 32301		2023 APR -4 AM 9: 09
			City/State and Zip Code	و الله
		fulfillment@zenbusiness.co		- Tigo 109
For further in	nformation c	e-mail address: (to be used for future annual report notif	tication)
		-		
Fabrizio C/C			512 237-7349 at ()	
	Name o	t Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 F	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)
	iling Addres		Street Address: Registration Sec	ction

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

TO:

Registration Section

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

Painted Dao Personal Solutions LEC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilitorida document number 1.22000189000		and assigned
his amendment is submitted to amend the following		
. If amending name, enter the new name of the	limited liability company here:	20
Painted Tao Personal Solutions LLC		2023 AP
the new name must be distinguishable and contain the words. Inter new principal offices address, if applicables	,	the abhreviation T. L. C.
Principal office address MUST BE A STREET AL	DDRESS)	
	-	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
. If amending the registered agent and/or regist gent and/or the new registered office address he		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer riorida sireet address	
_		da
	City	Ziv 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date i ote: If the date inserted in this occument's effective date on the	must be specific and s block does not r	I cannot be prior to neet the applicat	date of filing or role statutory filing	nore than 90 days a	ptional) fler filing.) Pursua this date will no	int to 605.020 it be listed a
e record specifies a delay The 90th day after the r			an effective	time, at 12:0.	1 a.m. on the	e earlier o
03/29	* * * * * * * * * * * * * * * * * * *	2023	_ •			