122000193630

(Re	equestor's Name)	
·		
(Ad	ldress)	
	, ,	
DA)	ldress)	
(Cit	ty/State/Zip/Phon	e#1
(5.1	.,, Otate, Zipri non	<i>5 </i>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filina Officer:	
	9	
1		
limil	7	
W. T.	J	

Office Use Only



000422026890

(0)/16/20--0:0:0:0--0:5 **35,00



COVER LETTER

TO: Registration Section Division of Corpora			:	Ť		
SUBJECT: TO	Mpa Pro	Painting de Liability Company	LLC			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresponde	nce concerning this matter to	the following:				
	Brand	ON Pawlo	2			
		Pro Pain				
		J. Willow				
	Tampo	FL 33 City/State and Zip Code aul/SO 9M	3606			
-	Brunding E-mail address: (to	the used for future annual re	Q',			
For further information conc						
Branch Name of Pe	Pawles	at (813)	843-0466 Daytime Telephone Number			
Enclosed is a check for the fo			•			
. /	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filin	g Fee.		
323.00 i iiiig i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Co	of Status &		

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 OF	RGANIZATION		
Santini Worksalf	tions UC 17		
(Name of the Limited Liability Company (A Florida Limited Lia	anting LLC		\
	U/11/22		1
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned \	d
Florida document number <u>L 22 000 193630</u> .	•		V
This amendment is submitted to amend the following:			1
A. If amending name, enter the new name of the limited liabil	ity company here:	12	
Tampa Pro Paintre Ur Santin; Work	Solutions LLG		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company, the designation "LLC. or the abor	eviation L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<i>NJA</i>		
		. • 9	
Enter new mailing address, if applicable:		76	
(Mailing address MAY BE A POST OFFICE BOX)	N_!!		
		(0) 20)	
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name	of the new register	<u>red</u>
agent and/or the new registered office address here:			
N. CN. D. Street Marrie	$\Lambda I/A$		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	^ / / ^	N/A	
	City Florida	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(\$) 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	<u>Address</u>	Type of Action
			□ Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Typed or printed name of signee

Filing Fee: \$25.00