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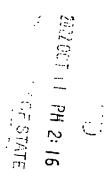
A. RIVERS

JAN - 4 2023



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COVER LETTER

TO: Registration Sect Division of Corpo	ion prations		
ZIGGY'S FIX	RE PAINT, LLC		
SUBJECT:	Name of Limited	Liability Company	
•			
The enclosed Articles of A	mendment and fec(s) are submi	ned for filing.	
	dence concerning this matter to		
	EZEQUIEL DE ANDRADE		
		Name of Person	
	ZIGGY'S FINE PAINT, LLC	: 	
		Firm/Company	
	520 OLD SAN MATEO RE		
		Address	
	SAN MATEO, FL 32187		
		City/State and Zip Code	
•	ziggybr@aol.com	be used for future annual report notifica	tion)
	oncerning this matter, please ca		
		914 447-2464	
KAREN SILVEIRA AN		at () Area Code Daytime T	elephone Number
Name (f Person		
Enclosed is a check for t	he following amount:		_
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.(X) Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addr</u>	ess:	Street Address:	tion
Registration	Section	Registration Sectorial Division of Corp	porations
Division of P.O. Box 61	Corporations 327	The Centre of Ta	allahassee : Street, Suite 810
Tallahassee		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIGGY'S FINE PAINT, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/10/2022	and assigned
Florida document number 1.22000267147		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ZIGGY'S FINE PAINTING, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(S(S))	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		0220
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new regis
igent and/or the new registered office address nere.		
		유 및
Name of New Registered Agent:		
New Registered Office Address:		2: I
New Registered Office Address.	Enter Florida street address	m o
	, Florid	a
	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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Tective date, if other than the date	of filing:		(ontional)	
Tective date, if other than the date in effective date is listed, the date must be something the date inserted in this block date.	pecific and cannot be prior	to date of filing or more t	than 90 days after filing.)	Pursuant to 605,0203
ocument's effective date on the Depart	ment of State's records	able statutory trining te	quirements, this date w	on not be fisted as
record specifies a delayed effective date is filed.	e, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
		11		
OCTOBER 7th	. 2022	///		
	_	14/1/2		
Signa	ature of a member or author	rized representative of a	member	
		•		
EZEQUIEL DE ANDRADE				