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Division of Corporations

Florida Department of State Division of Corporation

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SUBJECT:			Name of Limite	d Liability Compa	ny	
The enclose	d Articles of A	Amendment and Te	ec(s) are subm	itted for filling		
Please return	n all correspor	idence concerning	this matter to	the following:		
		Cheyenne Mo:	selcy			
				Name of Pers		
		Legalzoom.co	m, Inc.			
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				Address		
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Cheyenne î	Moseley			\$00 at {	773-0888	Telephone Number
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Enclosed is	a check for th	e following amou	nt:			
\$25.00	Filing Fee	□ \$30.00 Filin Certificate		S55,00 Filin Certified C (additional on		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DS FLORIDA PAINTING LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .nability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000273887</u> .	were filed on 06/15/2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1809 E Broadway, Suite 117			
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765			
Enter new mailing address, if applicable:	1809 E Broadway, Suite 117			
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 32765			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Emer Florida street address			
	, Florida 芸二 公 、			
	City Zıp 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
MGR	SRUK, VLATKA		B Add
			□ Remove
		1809 E Broadway, Suite 117 Oviedo FL 32765	⊆ Change
MGR	SRUK, DRAZEN		
			☐ Remove
		1809 E Broadway, Suite 117 Oviedo FL 32765	_■ Change
			Add
			□ Remove
			☐ Change
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To:

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