To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044

: (407)888-3131

Fax Number

: (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DS FLORIDA PAINTING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
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#### **COVER LETTER**

|                    | tion Section<br>of Corporations   |             |
|--------------------|---|-------------|
|                    | FLORIDA PAINTING LLC  |             |
| SUBJECT:           | Name of Limited Liability Company   |             |
|                    | cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: |             |
|                    | ED KOTLER   |             |
|                    | Name of Person  |             |
|                    | TAXZONE INC   |             |
|                    | Firm/Company  |             |
|                    | 8865 COMMODITY CIR SUITE 4  |             |
|                    | Address   |             |
|                    | ORLANDO FL 32819  |             |
|                    | City/State and Zip Code   |             |
|                    | ACCOUNTANT@TAXZONEFL.COM  E-mail address: (to be used for future annual report notification)                  |             |
| For further inform | ation concerning this matter, please call   |             |
| VLATKA SRUK        | 407 888-3131<br>at ()   |             |
|                    | Name of Person Area Code Daytime Telephone Number   |             |
| Enclosed is a chec | k for the following amount:   |             |
| □ \$25.00 Filing   | (additional copy is enclosed) Certified C   | 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

To:

### 2024-09-30 13:57:54 GMT TO ARTICLES OF ORGANIZATION

## DS FLORIDA PAINTING LLC

| DOT LOWIDA PAINTING LLC  |   |          |
|--|---|----------|
| (Name of the Limited Liability   | y Company as it now appears on our records.) Limited Liability Company) |          |
| (A Florida [   | Limited Liability Company)  |          |
| The Articles of Organization for this Limited Links  | 06/15/2022  |          |
| Florida document number L22000273887   | ompany were filed on 06/15/2022 and assign                              | ned      |
| This amendment is submitted to amend the following:  | -·  |          |
| A. If amending name, enter the new name of the limite  | 1.0   |          |
| THE SOUND COATINGS LITE.   |   |          |
| The new name must be distinguishable and contain the   | d Liability Company," the designation "LLC" or the abbreviation "L.L.C. |          |
| Emany of the words "Limited  | Liability Company," the designation "LLC" or the abbreviation "LLC"     |          |
| and par offices address, if applicable   |   |          |
| (Principal office address MUST BE A STREET ADDRES  | Sco   |          |
| - Santas   | <u>o</u>  |          |
|  |   |          |
| Enter new mailing address, if applicable:  |   |          |
| Mailing add - N (v. r. r. l. spplicable:   | <del></del>   |          |
| (Mailing address MAY BE A POST OFFICE BOX)   | 9 <b>2</b>  | —        |
|  | <b>782</b>  |          |
| B. If amending the registered agent and/or registered office and/or the new registered office address here:  | S   | <u>:</u> |
| B. If amending the registered agent and/or registered officers   | ice address on an   |          |
| agent and or the new registered office address here:   | co address on our records, enter the name of the new regi               | stere    |
|  | OF ST   | ٦<br>٦   |
| Name of New Registered Agent:  | SI SI   | ,        |
| ——————————————————————————————————————   |   |          |
| New Registered Office Address:   | , m   | _        |
|  | Enter Florida street address  |          |
|  | Florid  |          |
| ew Registered Agent's Signature if changing to   | City , Florida  | _        |
| There's a Divide High the change of the chan | p 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.

# Page: 7 of 8 or tenhavea from our records:

To:

| MGR =  | Manager           |
|--------|-------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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From: Tax Zone

Page: 8 of 8

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