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COVER LETTER

ГО: Registration Section Division of Corporations	
SUBJECT: Ruth mativ	te
Name of	Chimited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Lott	Marie of Person
	Firm/Company
972/)	Ndeu DV
<i>N</i> ,'c	City/State and Zip Code
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple Rame of Person	ase call: at (850) 62 (830) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	/
□ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section

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

LENNYS OF NORT	hwes paintillabusorvice
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company) SECRET
The Articles of Organization for this Limited Liability Company florida document number <u>- 220027</u>	were filed onO6-16-22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable of the limited liable limited liable and contain the words "Limited Liab	Gronal Painting Services LLC ility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	922 linden AU Niceville Fl 32578
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX")	Pobox 881 Niceville F1 32588
R - If amending the registered agent and/or registered office	address on our records, enter the name of the new registered

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Eddy Mauricio padilla.

922 Linden AV Niceville F. 1 32578

Enter Florida street address

Viceville Florida 3 25 78

City Zip Code

FILED

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
16R	celly Marricio pulli	1/a 920 L'india AUN	CUI/1/2240 32578
	V		□Remove
			Change
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ite: If	date, if other than the date of filing: 07-27-22 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 3's effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7-27-22
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ted	() At the state of the state o
nted	Signature of a member or authorized representative of a member