L23000384433

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(Le/17/2023

COVER LETTER

TO: Registration So Division of Cor			
DECOPALE SUBJECT:	NT SERVICES LLC		
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEIXY C DIAZ BARRER	RA	
		Name of Person	
	DECOPAINT SERVICES	LLC	
		Firm/Company	·····
	7551 SOLSTICE CIR APT	F 306	
		Address	
	ORLANDO, FL 32821		
	sunbiz@plusmoreusa.com	City/State and Zip Code to be used for future annual report noti	tientian)
For further information c	oncerning this matter, please ca	·	
DEINY C DIAZ BARRI	ERA	407 1742984	
Name of Person		at () Area Code Daytim	e Telephone Number
Unclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3.30

DECOPAINT SERVICES LLC		2023 HAY - L AM 7: 41
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our re a Limited Liability Company)	(corus.)
The Articles of Organization for this Limited Liability C Florida document number <u>L22000284422</u>	Company were filed on 06/23/2022	TALL SEE, FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
AMBR	FRANKLIN J ALCANTARA ARB	7551 SOLSTICE CIR APT 306	
		ORLANDO, FL 32821	Remove
			
			□ Remove
			Change
			□Add
			⊟Remove
			□Remove
			□Change
			
			EJRemove
			Change
		···	
			□ Remove
			Channe

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If an effective da Note: If the d	e, if other than the is listed, the date are inserted in the ective date on the	e must be specit iis block does	fic and can not meet	not be prior the applic	to date of fili able statuto	ng or more th	an 90 days afte		
e record specif rd is filed.	es a delayed effe	fective date, bu	ut not an e	effective ti	me, at 12:0	l a.m. on the	e earlier of: (b) The 90ti	h day ofter the
Dated	ril 27th	·	,	2023	·				
_2	Persy Pin	Signature	ver e of a mem	ber or autho	orized repres	entative of a r	nember		
	xy C Diaz Barre								