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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT: Trip	1e J Chilloast	Painter LUC ited Liability Company	
	mendment and fee(s) are sub-	-	
		y Lugo Muno 2 Name of Person	
		5 Gulloust Pant Firm/Company	
•		FL 3)576 City/State and Zip Code	
		City/State and Zip Code Q 2006 P Q C C C C C C C C C C C C C C C C C C	
For further information con	cerning this matter, please ca	all:	
Jahnny Namoof P	Lingo croon	at (850) 380 Area Code Daytin	- 1677 ne Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fœ	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address:	-4i o -	Street Address:	oction

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

Registration Section
Division of Corporations

TO:

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 OF

Triple J Gulcocot Painter LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
nc Articles of Organization for this Limited Liability Company were filed on 10/2/24/2022 and assigned orida document number 122000286516. This amendment is submitted to amend the following:	l
. If amending name, enter the new name of the limited liability company here:	
te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX)** If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:	 ister
Name of New Registered Agent:	—
New Registered Office Address:	
Enter Florida street address	
City Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	ith ti d

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jahny Ligo	7127 Souta berbera st	🖰 Add
	·		□ Remove
			Change
AMBR Ingrid Hercales	Ingrid Hercales	7127 Santa barbara st	D'Add
			Remove
•			Change
· ·			🗆 Add
			□Remove
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			□Remove
			□ Change

ective	date, if other than the date of filing: (optional) ve 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
te: If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument	's effective date on the Department of State's records.
	and the second offereign date, but not an offereign time at 12:01 a.m. on the audior of (b). The 90th day after the
cora s s 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
	08/10/2022
tcd	
tcd	
ted	
tcd	Signature of a member or authorized representative of a member