L220030999/

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	, ,
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
• •	7
Special Instructions to	o Filing Officer:

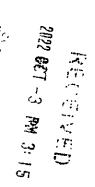


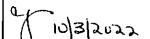


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COVER LETTER

Division of Corporations
SUBJECT: GLG Painting Services 226 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gersain Leon Ganzalez Name of Person
GLG Painting Services LLC Firm/Company
2775 cathedral DY 284
Tallahassee Fl. 32310 City/State and Zip Code
leon Spaintse (vice SB gmail. com Lemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Geksain Leon Gangalet at (850) 425 0016 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or		2022 OCT -3 PH 3: 3
(Name of the Limited Lia (A Flo	AG Services ability Company as it now appear orida Limited Liability Company)	5 LLC	1Al -11
The Articles of Organization for this Limited Liabilit	ty Company were filed on _	07/12/2022	and assigned
Florida document number <u>L 22000309991</u>			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET AL	DDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, enter the	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fi	lorida street address	
			da.
	City	Florid	da 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 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>	Name	Address	Type of Action
AMBR	Gaksain Leon Gonz	ALEZ 2775 cathedral	Dr. 284 BAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□Change

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an effecti <u>Sote:</u> If	date, if other than the date is listed, the date in this is effective date on the	nust be specific and can block does not meet	not be prior to date the applicable st			
record s I is filed	occifies a delayed effec	tive date, but not an o	effective time, at	12:01 a.m. on the e	arlier of: (b) The 9	0th day after the
	0/3/22	,	·			
	1					
	1					

Filing Fee: \$25.00