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

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01/05/23--01019--002 **25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
43 4 7 8 5 8 4 3 COVAS	ER Painting LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	Monica Gonzales				
		Name of Person		_	
		Firm/Company	· · ·	-	
	1 Palm Springs Ct				
	Shalimar Fl. 32579	Address	- **	2023 J.; S.; A.H JACCAH	-
	startoverpaintinglle@gmail.e	City/State and Zip Code om		-3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ï
For further information c	E-mail address: (to oncerning this matter, please cal	be used for future annual report notifical:	cation)	15 :01 IV	
Monica Gonzales		850 598-9357		를 2	
Name o	f Person	Area Code Daytime	Telephone Numbe	г	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Address Registration 9 Division of C	Section	<u>Street Address:</u> Registration Sect Division of Corp			
P.O. Box 632		The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARTOVER Painting LLC			
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
the Articles of Organization for this Limited I lorida document number 1.22000472379		n 11.03/2022	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability compa	ny here:	
he 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 appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
\vec{s}			
iter new njäiling address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
If amending the registered agent and/or ent and/oP the new-registered office addr		our records, enter the	name of the new regist
Name of New Registered Agent:	Jordan Widder		
New Registered Office Address:	1 Palm Springs Ct		
	Ent	er Florida street address	
	Shalimar	, Floric	la 32579
	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

<u>Title</u>	Name	Address	Type of Action
CEO .	Jordan Widder	1 Palm Springs Ct	
		Shalimar F1, 32579	■Remove
			□Change
MGR Mon	Monica Gonzales	1 Palm Springs Ct	■Add
		Shalimar, Fl 32579	□Remove
			□Change
			₹ EAdd
			Change
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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(If an ei <u>Note:</u>	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Datast	14 Nov 2022
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00