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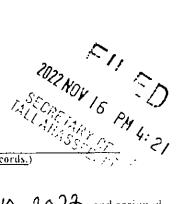
COVER LETTER

TO: Registration Sec Division of Corp		. • •	•
SUBJECT: Avero	age Decs P	ain ting ed Liability Contrary	
The enclosed Articles of A	imendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Nicole Dz	iedzic Name of Person	
		Firm/Company	Person Impany States FL 3446 5 It Zip Code In a G g mail - Com Intervalual reported diffication) O9, 509 - 3044 Code Daytime Telephone Number Filting Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
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For further information co	oncerning this matter, please ca		
Nicde Dr.	redzic Person		
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	≥ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration S		<u>Street Address:</u> Registration Sec	ction

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Average Dee's Painting

Name of the Limited Liability Company a) it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	rere filed on	NOV. 10,2	$\Omega \mathcal{D}$ and assigned
Florida document number <u>L. J.J. 000 48 J.688</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u>, </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	idress on ou	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		-	
New Registered Office Address:	Enter i	Florida street address	
		, Floric	da
	Сиу		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for i	of my duties, and h in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If Chan	ging Registered	l Agent, Signature of N	ew 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
			DAdd
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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amending	any other	r informa	tion, enter el	hange(s	here: (Anac	ch additional	sheets, if n	ecessary.) F://:x	a C
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<u>lote:</u> If the	date inserte	ed in this b	e date of filir st be specific an lock does not department of	meet the	e applicable sta	of filing or more tutory filing r	than 90 days equirements	optional) after filing.) P , this date wi	ursuant to 605.020 Il not be listed a
record spec Lis filed.	ifies a dela	yed effectiv	ve date, but no	ot an effe	ective time, at 1	2:01 a.m. on	the earlier o	of: (b) The S	90th day after th
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_	Nico Vic	6	Signarde of	dz menyer	or authorized re	presentative of	a member		
	Die	de	Ďz	ie c	le constitution of printed name				

Filing Fee: \$25.00