Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

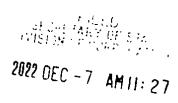
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PENAFIEL OCEAN BLUE PAINTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Penafiel Ocean Blue Painting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>11/14/22</u>	and assigned	
Florida document number L22000487594			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Penafiel Ocean Waves Painting LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter</u>	the name of the new registered	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Fl	orida	
	Cuy	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 p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, ar rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
If Chang	ging Registered Agent, Signature o	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>	<u>Address</u>	Type of Action
	**		
			□Remove
			□Change
			Dadd
			□Remove
			□Change
			□Add
			□Remove
			[Change
			Remove
			Change
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			□Remove
		4-44	□Change
			□Remove

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		7 -AMII: 2
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	te of filing:	
ne record specifies a delayed effective da ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated December 7	2022	
	Rilly Take	
Sig	mature of a member or authorized representative of a member	
Riley Park		
Triley i air	Typed or printed name of signee	 .

Filing Fee: \$25.00