22000520444

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Registration Section Division of Corporations

Tallahussee, FL 32314

TO:

	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DEVORA CRUZ				
		Name of Person			
	AMBAR FINANCIAL SE	RVICES CORP			
		Firm/Company			
	1897 PALM BEACH LAKES BLVD \$ 206				
	Address				
	WEST PALM BEACH FE	. 33409			
		City/State and Zip Code			
	DEVORACRUZ@BELLS				
·	E-mail address: (to be used for future annual report no	otification)		
For further information (concerning this matter, please c	ali:			
DhvCkACRUZ		561 318-8453			
Name of Person		Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
, \$25,00 Eding rec	■ 5 to .00 Fifting Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Address		Street Address:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of			

2415 N. Monroe Street, Suite 310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limite</u> (.	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number 1.22000520444	ibility Company were filed on 12/1.	2/2022 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :
ODIR PAINTING SERVICES LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the des	ignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	2024 MAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		1/18 25 PM
B. If amending the registered agent and/or re agent and/or the new registered office address		ords, enter the name of the new registered
Name of New Registered Agent:	AMBAR FINANCIAL SERVICES	CORP
New Registered Office Address:	1897 PALM BEACH LAKES BLV	D S 206
130 11 130 \$ 110 12 13 13 13 13 13 13 13 13 13 13 13 13 13	Enter Florid	a street address
	WEST PALM BEACH	, Florida 33409
	City	Zip Code

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 tiled to merely reflect a change in the registered office address. Mereby 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 tifle, transe, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Adc`
			□Remove
			□Change
	<u> </u>		□Add
			[]Remove
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			CAdd
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			□Change
			□Add
			□Remove
			Change

			
****	<u></u>		
			
Flective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo betiment's effective date on the De	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 90 days	optional) s after filing.) Pursuant to 605,0207 s, this date wili not be listed as
record specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the earlier (of: (b) The 90th day after the
MARCH 20	2024	. •	
	(25) -		
	The state of the s		
×	THE THE		<u> </u>
	Signature of a member or authori	zed representative of a member	

Filing Fee: \$25.00