(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. MOD.						
FEB 10 2023						
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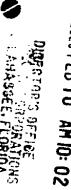
Office Use Only



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## COVER LETTER

* TO: Registration Sec Division of Corp				
SUBJECT:	Big ROCK	PAINTING L	LC	
	Name of Limit	ted Liability Company		
49	A In the man Contact are sub-	nited for filing		
	Amendment and fee(s) are subt			
Please return all correspo	ndence concerning this matter t	to the following:		
	10116	Junes		
	7077	Same of Person		
		,		
		Firm/Company	<del></del>	
		• •		
	2055 SiE	STA DR 1535 Address	7	
		Address		
	CARASATA	1. FL 3423	9	
		City/State and Zip Code		
	BIG RO	OCK PAINTING	1LC Q G. MAj.	
			ication)	
For further information c	oncerning this matter, please ca	all:		
TOMA	Juneas	at ( <u><b>941</b></u> ) <b><u><b>726</b></u>. Area Code Daytime</b>	-5656	
Nanso	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		Tadditional copy in Stationery	(additional copy is enclosed)	
		Çanını kalılırını		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bic Rock PAINTING CC SECONDAIN (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 0/-1/-2023 and assig This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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 address on our records, enter the name of the new agent and/or the new registered office address here: TOMA JUNCA 2055 SIESTA-DR FISSS Enier Florida street address Name of New Registered Agent: New Registered Office Address:

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 complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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 of or removed from our records: MGR = Manager AMBR = Authorized Member Type of a <u>Address</u> Title Name TOMA JUNCAT 9055 SIESTA-DR INdd #15351-SARASOTA-FL-3423C _____ □Chan ______ □Remc _____ □Chan _____ □Rem _____ □Char _____ □Cha ____ □Ren ______ 🗆 Cha

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Note: If the date inse	her than the date of filed, the date must be specific erted in this block does not date on the Department of	of meet the applicable	(opt le of filing or more than 90 days after statutory filing requirements, th	ional) ir filing.) Pursuant to 60 is date will not be lis
e record specifies a dord is filed.	clayed effective date, but i	not an effective time, t	nt 12:01 a.m. on the earlier of: (	b) The 90th day aft
Dated <u>02 - 7</u>	0-2023		7 I representative of a member	
	Signature 6	Ta member or authorized	Trepresentative of a member	
	101		(	

Filing Fee: \$25.00