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COVER LETTER

TO: Registration Division of 0	n Section Corporations			•
	AFFORDABLE PAINTING LLC			,
SUBJECT: 2	Name of Lin	nited Liability Company ·	<u>, </u>	•
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	ALEX J CRUZ			
	- -	Name of Person		
	CRUZ AFFORDABLE PA	AINTING LLC		
	 	Firm/Company		
	606 JEFFREY LN			
		Address		فَهُ دست
	LYNN HAVEN, FL 3244	4	- 1	. :
		City/State and Zip Code		
		NTINGLLC@GMAIL.COM		= 0
For further information	E-mail address: (in concerning this matter, please c	to be used for future annual report no all:	tification)	ch Un
ALEX J CRUZ		850 624-3140		
Nan	ne of Person		me Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status &
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration S	ection	
	f Corporations	Division of Co		
P.O. Box 6	327	The Centre of	Tallahassee	
Tallahasse	e, FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUZ AFFORDABLE PAINTING LLC	
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fit Florida document number L23000024857	led on 1/11/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	7.55
(Principal office address MUST BE A STREET ADDRESS)	7. J
	::
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	on on
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	GERSON G. CRUZ	4861 RIVERSIDE DR	
		FORT MYERS, FL 33905	Remove
			Change
MGR	ALEX J. CRUZ	606 JEFFREY LN	∃ Add
		LYNN HAVEN, FL 32444	□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
	·	• •	Add
			Change
			□Add
			□Remove
			Change
			
			□ Remove

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	- <u></u>
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	re than 90 days after filing.) Pursuant to 605.0
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o filed.	n the earlier of: (b) The 90th day after t
1/24/23	
·	