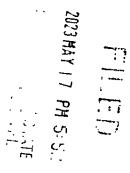
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(Requestor's Name) (Address)	900408
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/17/2301
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	7/13/23 VW

Office Use Only



05/17/23--01020--007 **25.00



COVER LETTER

TO:

TO: Registration So Division of Co			
	Y PAINT LLC		
SUBJECT:	Name of Lim	ited 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:	
	HORACIO HOYOS		
		Name of Person	<u> </u>
	SYNERGY PAINT LLC		
		Firm/Company	·
	1321 W CHURCH STREE	ET	
	•	Address	
	ORLANDO, FL 32805		
		City/State and Zip Code	
	hh@synergyfoam.com	to be used for future annual report noti	
For further information o	concerning this matter, please c	·	ireanon)
HORACIO HOYOS		407 849-3665 at ()	
Name (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 & 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 Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	porations
P.O. Box 632 Tallahassee,		The Centre of 1 2415 N. Monro Tallahassee, FI	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYNERGY PAINT 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 $\frac{02/10/2023}{1}$ and assigned 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." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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.

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LUIS MARTINEZ	1321 W CHURCH ST	□ Add
		ORLANDO, FL 32805	■Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
.			□Add
			□Remove
			Change

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Note:	optional) et date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the id.
Dated _	Signature of a member or authorized representative of a member
	HORACIO HOYOS

Filing Fee: \$25.00