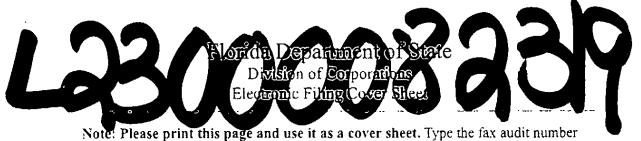
To:



(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 : ACCOUNTING MAX SERVICES INC

Account Number : I20220000162 Phone : (954)724-1114 Fax Number : (954)252-4124

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 DON LUIS PAINTING & PRESSURE CLEANING LLC

Certificate of Status	0
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Help

T. LEMIEUX

MAY 12 2023

Tallahassee, FL 32314

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COVER LETTER

	istration Sec ision of Corp			
		PAINTING & PRESSURE CL	EANING LLC	
SUBJECT:			ted Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are subr	nitted for filling.	
Please returr	all correspoi	ndence concerning this matter t	to the following:	
		GUTIERREZ, LUZ E		
			Name of Person	
		DON LUIS PAINTING &	PRESSURE CLEANING LLC	
			Firm/Company	
		9500 SW 3RD STREET #F	3129	
			Address	
		BOCA RATON, FL 33428		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ex	all:	
LUZ E GUT	ΓIERREZ		561 654-5283	
 ,	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e foliowing amount:		
≣ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street Address: Registration Se	ction
Di		orporations	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To:

LADUUUU UAUIT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DON LUIS PAINTING & PRESSURE CLEANING 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 $\frac{02/14/2023}{1}$ and assigned Florida document number L23000082319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability 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 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 , 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.

If Changing Registered Agent, Signature of New Registered Agent

To.

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>	Address	Type of Action
MGR	GARCIA. LUIS E	9500 SW 3RD STREET APT B129	
		BOCA RATON FRL 33428	≣ Remove
			Change
			🗖 Add
			□ Change
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L23000082319

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an effec lote: [1	c date, if other than the date of filing:	05.0207 (sted as t
i in file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
ated _	HAY 11 /2023 2023 JUZ E. GUTI EST CZ. Signature of a physiber or authorized representative of a member	
	LUZ E. GUTIERTEZ.	
	<u> </u>	