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## Electronic Filing Menu Corporate Filing Menu - Fleip

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D: .	, Page	202	24-09-24 05:15:48 GMT	13055135730	From Yisell Pomares
			COVER LETTER		
TO:	Registration S Division of Co				
	EBENEZ	ER REAL COLOR PAINTIN	0, LLC		
SUB	JECT:	. Name of 1	Imited Linbility Company	- <u></u>	:
The e	nclosed Articles o	f Amendment and fec(s) are s	ubmitted for Illing.		
		oondence concerning this matt			
		SR JUAN CARLOS FE	RNANDEZ CURBELO		
			Name of Persen	******	
		<u> </u>	Firm/Company		
		9333 NOTRH CLIFFE	BLVD		
			Address		
		SPRING HILL, FL 346	06		
			City/State and Zip Code		
		yiselltax@yahoo.com	s: (to be used for future annual repo	ant notification)	
For fur	ber information o	concerning this matter, please			
		RNANDEZ CURBELO	352 549-4	447	
		f Person	at () Area Code 1	Daytime Telephone Number	
	d is a check for th	ne following amount:	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin; Certificate o d) Certified Co (additional cop	of Status & opy
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	The Centre 2415 N. M		

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To:

2024-09-24 05:15:48 GMT

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## ARTICLES OF AMENDMENT 10 ARTICLES OF ORGANIZATION

#### OF

FRENEZER REAL COLOR PAINTING, 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 02/16/2023 and assigned Florida document number 1.23000084969

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.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)	·	<u></u>	202	
			ISEP	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: <u>Name of New Registered Agent</u> :	ice address on our records, <u>enter the</u>	name of th	AII II: 28	
New Registered Office Address:	Enter Florida street address			
	, Florid		Code	<u>-</u>

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

,

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

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To:

AMBR = Anthorized Member

Title	Name	Address	Type of Action
AMBR	AMANDA GARCIA BRAVO	9333 NORTHCLIFFE BLVD	III Add
		SPRING HILL FL 34606	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ve date, if other than the date of fil ctive date is listed, the date must be specific	lina	(	antional)

If the record 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 record is filed.

Dated	SEPTEMBER 23	2024	
		M	
	Sig	statute of a member or authorized representative of a member	
	SR JUAN CARLOS FERI	NANDEZ CURBELO	
	Typed or printed name of signee		