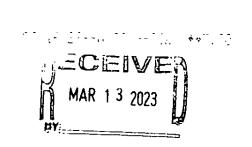
L23000094381

| (Requestor's Name) |
|---|
| (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. |
| MAR 1 3 2023 |

Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Cor | rporations | | | | |
|--|--|---|-------------------|-----------------------------|-----------|
| | T PAINTING LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are suf | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | YEINIER A GALAN FLE | EITES | | | |
| | - | Name of Person | | _ | |
| | WAO FAST PAINTING I | LLC | | | |
| | | Firm Company | | _ | |
| | 2025 BRIGHT DRIVE AI | YT 7 | | | |
| | | Address | | 2023 5-6 770 | |
| | HIALEAH, FLORIDA 33 | 010 | | 2023 HAR 13 STG TALL SES | • |
| | | City/State and Zip Code | | $ \Xi$ Ξ | ¢ 1.78 ", |
| | TOROTAXESEASTHIAL | - | <u> </u> | 福島 星 | |
| | | to be used for future annual report notif | fication) | PH 3: 2! | 7 |
| For further information c | oncerning this matter, please c | all: | | <u> </u> | |
| YEINIER A GALAN FLEITES | | 305 8151812 at () | | | |
| Name o | i Person | Area Code Daytime | e Telephone Numbe | et | |
| Enclosed is a check for the | he following amount. | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | |
| Mailing Address: Registration Section Division of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | | |
| P.O. Box 632 Tallahassee, l | | 2415 N. Monro | | 810 | |

RECEIVED

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | d Liability Comp: A Florida Limited | any as it now appears o Liability Company) | on our records.) |
|---|--|---|---|
| The Articles of Organization for this Limited Liz Florida document number L23000094381 | nbility Company | were filed on $\frac{02/21}{}$ | /2023 and assigned |
| This amendment is submitted to amend the following | wing: | | |
| A. If amending name, enter the new name of | the limited liab | oility company here | : |
| N/A | | | |
| The new name must be distinguishable and contain the we | erds "Limited Liabi | lity Company," the design | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | N/A | |
| (Principal office address MUST BE A STREET | (ADDRESS) | N/A | 7023 |
| | | N/A | E T |
| | | | <u>~</u> ——————————————————————————————————— |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | Se e Ti |
| | | N/A | |
| | | N/A | 25 NTB |
| B. If amending the registered agent and/or re agent and/or the new registered office address | ~ | address on our reco | ords, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | N/A | Entre Elevida | street address |
| | N/A | Emer I for ad | |
| | 18/A | City | , Florida NA Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

MOMERACE DAISTENCE LA

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 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 |
|--------------|-------------------------|---|-------------------------|
| AMBR | YEINIER A GALAN FLEITES | 2025 BRIGHT DRIVE APT 7 HIALEAH, FL 33010 | = Add |
| | | | □Remove |
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| . If amending any other i | iniormation, enter | change(s) nere: (Attac | en adatuonal sheels | , y necessary.) | |
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| Effective date, if other to (If an effective date is listed, the Note: If the date inserted document's effective date.) | date must be specific a in this block does not | nd cannot be prior to date of . meet the applicable statu | filing or more than 90 contory filing requirement | _ (optional) ays after filing.) Pursu ents, this date will n | iant to 605,0207 (2 bot be listed as th |
| ne record specifies a delayed ord is filed. | l effective date, but n | ot an effective time, at 12 | :01 a.m. on the earli | er of: (b) The 90th | i day after the |
| Dated MARCH 07 | | 2023 - 20 | Ru | MLA | 1 1 1 1 2023 MAR 1 3 |
| | Signature of | a member or authorized repr | resentative of a member | | |
| YEINIER A GA | ALAN FLEITES | / | | ESI ESI | PH 3: |
| | | Typed or printed name o | f signee | | |