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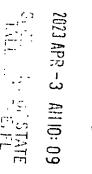
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

## COVER COLOR PAINTING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CESAR J. QUINTERO Name of Person COVER COLOR PAINTING LLC Firm/Company 8811 NW 112 STREET Address HIALEAH GARDENS FL 33018 City/State and Zip Code quintero473@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CESAR QUINTERO** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COVER COLOR PAINTING LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as <mark>it now appears on our records.</mark> Liability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on 12/01/2022	and assigned
Florida document number L23000095048		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		23
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- 22 0:
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		he name of the new regis
	Enter Florida street address	
	, Flo	ridaZip Code
	CHY	zip Coae

### 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 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
AMBR	RITA SANCHEZ QUINTERO	8811 NW 112 STREET	□Add
		HIALEAH GARDENS, FL 33018	≣Remove
			□Change
MGR	RITA SANCHEZ QUINTERO	8811 NW 112 STREET	
		HIALEAH GARDENS, FL 33018	□ Remove
			Add  Remove  Control  Control
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