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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	EJCS Pain	nting LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria	A. Furke	25
	<u>GUA</u>	tex LL(7
	1420 h	Firm/Company J. Flagler	<u>.st</u> .
	Miami	FL 3313	5
	m farka E-mail address: (i	City/State and Zip Code (5 (Checkm), o be used for future annual report not	Haxes, ref
For further information c	oncerning this matter, please ca	ill:	
Maria A.	Farkas	at (<u>305</u>) <u>484</u> Area Code Daytime	4092 e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	Z \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status &
	\$43.75	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Rox 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETCS Pa	intina LLC	
(Name of the Limited I	Liability Company as it now appears on Florida Liquiod Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>43000</u> 999	lity Company were filed on <u>D</u>	24 2023 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Time Ond De The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	RYWALL L.C. s Limited Liability Company," the design e: 3544 57	nation "LLC" or the abbreviation "L.L.C." Johns Bluff RJS, # 1104 11e, F2 32,224
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ds, enter the name of the new registered
Name of New Registered Agent:		
	<u></u>	
New Registered Office Address:	Enter Florida s	treet address
		, Florida
~	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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			□Remove
			Change
			□Add
			Remove
			□Change
		<u>.</u>	□Add
			□Remove
			Change

Changing NAME.	
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continue data if other than the data of filing: 05/02/2020	(optional)
ective date, if other than the date of filing: 05/02/20 20 n effective date is listed, the date must be specific and cannot be prior to date of tiling.	ng or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed a
ecord 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
is filed.	
adazhar 1	
1ed 05/02/2024.	
Milhon F. Horan V	Jasque
Milton E. Flores Milton E. Flores Typed or printed name of signature.	asques entative of a member