L13000169130

(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:				

Office Use Only



400410947524

06/23/23--01016--009 **25.00

SECRETARY OF STATE TALLAHASSEE, FL

MM

COVER LETTER

TO:	Registration Se Division of Cor					
SPILLED PAINT LLC						
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		LAWRENCE H. HABER, ESQ.				
	Name of Person					
	LAW OFFICES OF LAWRENCE H HABER PA					
	Firm/Company					
	15 ESCONDIDO COURT, SUITE 138					
	Address					
		ALTAMONTE SPRINGS	. FL 32701			
	City/State and Zip Code					
		lawrencehaber@gmail.com E-mail address: (to be used for future annual report notification)				
17 6 .1			·	cation)		
For furth	ier information c	oncerning this matter, please co	alf;			
Lawrenc	ce Haber, Esq.		407 451-2000 at ()			
	Name o	f Person		Telephone Number		
Enclosed	l is a check for th	ne following amount:				
⊠ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Sect	ion		
Division of Corporations			Division of Corp			

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPILLED PAIN'T 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 04/05/2023 and assigned Florida document number $^{-1.23000169130}$ 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 appreciation "LLC." 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

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DONESTON, ENOCK	3134 QUEENS GATE ROAD	
		ORLANDO, FL 32818	■Remove
MGR	DORESTAN, ENOCK	3134 QUEENS GATE ROAD	= Add
		ORLANDO, FL 32818	□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change