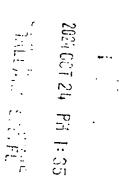
L23000172171

(Requestor's Name)
(Address)
(,,==,===,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusings Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Name Change
140(14



700438116067

10/24/24--01021--010 **60.00



Office Use Only

AB

CT Painting Florida LLC

Carlos Trotz 1439 Bert Dr Fort Myers, FL 33916

To the Florida Department of State Division of Corporations, my name is Carlos Trotz, I am the owner of the company CT Painting Florida LLC. I am sending this letter in regards to the entity name change from CT Painting Florida LLC to the new name which will be Trotz Construction LLC. For any further information concerning this matter, please call me at (954)-397-0454. My return address is 1439 Bert Dr, Fort Myers, FL 33916.

COVER LETTER

& ≈d)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CT Painting	Florida	LLC	, , , , , , , , , , , , , , , , , , ,	
(Name of the Limited (A	Liability Compan Florida Limited L	ny as it now appears on iability Company)	our records) 24	Pti 1: 35
The Articles of Organization for this Limited Liab Florida document number <u>L2300017217</u>	ility Company (were filed on <u>04</u> 7	<u>/06//2023</u>	and assigned SEE, Fil
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liabi	lity company here:		
Trotz Construction	on LLC			
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET).	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address b		ddress on our recor	ds, enter the nan	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:				<u> </u>
		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
		····	Remove
			☐ Change
		□Add	
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 19 2024
	Signature of a member or authorized representative of a member