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COVER LETTER

TO: Registration Se Division of Cor			
ALANA CO	ONSULTING GROUP LLC		
SUBJECT:	Name of Lim	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:	
	AKSANA GARCIA		
	GC PAINTING & SERVIC	Name of Person CES LLC	
		Firm/Company	
	1026 NW 87TH AVE # 103	7	
	MIAMI, FL 33172	Address	
	gc.painting.services03@gma	City/State and Zip Code ail.com	
	E-mail address: (to be used for future annual report notif	ication)
	oncerning this matter, please ca		
AKSANA GARCIA		786 365-4672	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALANA CONSULTING GROUP LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here;	
GC PAINTING & SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I.I.C" or the	abbreviation "L.L.C."
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 offic	e address on our records, <u>enter the na</u>	ne of the new registere
agent and/or the new registered office address here:		23 0.
		의 <u>*</u> ;
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	2> ~

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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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			Remove
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ecord is file	l specifies a delayed effective o ed.	late, but not an	effective time	e. at 12:01 a.m.	on the earlier of	(b) The 90tl	ı day aft	er the
ited _	October 2nd	 ·-	2023	. •				
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		2nature of a men	nber or author	and representativ	e of a member			