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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: YP.	S ALL Wood Name of Lim	Paint. LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Yariel 1 YPS A	Perez Sosa Name of Person 11 Wood Paint. Firm/Company	LLC
		1 83 rd PL Address	
	Hicken	h FL 33015 City/State and Zip Code	
	elyarioqbe E-mail address: (1	gmail : CM to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all;	- -
Yaviel le Name of	(CF SOSA Person	at (786) 312 Area Code Daytime	2016 e Telephone Number
Enclosed is a check for the	following amount:		
S≥ S25.00 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)
NA .*12 4 3 J		Sa 4.14	

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

YPS ALL WOOD	Paint. LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on or Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 2300022542</u>		$\frac{\partial \theta}{\partial \theta} = \frac{3}{2023}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company." the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		
(Frincipal office address MOST DE A STREET ADDR	<u> </u>	
		• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		·,
(Mailing address MAY BE A POST OFFICE BOX)		
		غاد
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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>	<u>Address</u>	Type of Action
resident Yarril Perez	Yarrif Perez Sosa	18827 NW 83 of PL Hialean, Fl 33015	⊠ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 08/02/2023 . 4.30 pm . Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
VARIOL PERCE SOSA Typed or printed name of signee