Note: Please print this mage if as a cover steet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000263090 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RLOPS@PARASEC.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUINONES PAINTING AND WALLPAPER LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

JUL 3 1 2023 Help

Electronic Filing Menu Corporate Filing Menu

To: 18506176383 From: 19166105073 Date: 07/28/23 Time: 2:38 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ÖRGANIZATION OF

QUINONES PAINTING AND WALLPA	\PER LLC	4 ·	
(Name of the Limited Lishility Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on5/10/2023	and assigned	
Florida document number <u>L23000230894</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Wallpaper Professionals LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the al	hbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2207 EAST CENTRAL	Blud.	
(Principal office address MUST BE A STREET ADDRESS)	2207 EAST CENTRAL ORLANDO, FLORIDA	32803	
	•		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)		22	
		<u></u>	
B. If amending the registered agent and/or registered office	address on our records, enter the nan	ne of the new registere	
agent and/or the new registered office address here:			
		्र द्वार	
Name of New Registered Agent:		·- <u> </u>	
N 5 1 1000 111		ω	
New Registered Office Address:	Enter Florida street address		
	. Fiorida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	:		
		1	
I hereby accept the appointment as registered agent and ag			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as			
being filed to merely reflect a change in the registered office			

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19166105073 Date: 07/28/23 Time: 2:38 PM Page: 04/05

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>	Name	Address	Type of Action
AMBR	Yolanda Quinones	2207 E. Central Blud Orlando. 3250	<i>E</i> /. Ø ∕Add 3
			DRemove
			□ Change
			□Add
			□ Remove
		□Change	
		DAdd	
			□ Remove
		□Change	
	·	□Add	
		Remove	
			□Change
		🗆 Add	
			□ Remove
			□Change
			□Add
			□Remove

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
·	

_	
Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 20
	Signature of a member or authorized representative of a member
	FERDINAND QUINONES Typed or printed name of signec

... Tq: 18506176383 From: 19166105073 Date: 07/28/23 Time: 2:38 PM Page: 05/05

Filing Fee: \$25.00