LZ3000264508

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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R. HUNT

07/20/23

COVER LETTER

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SUBJECT		K PAINTING LLC					
SOMME	· ·	Name of Lin	nited Liability Company		_		
The enclos	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		JOSE P MARTINS					
			Name of Person				
		NEW LOOK PAINTING	LLC				
			Firm/Company			r-3	
		17 LYNDENHURST LAN	SE .		~	()	
			Address		 .n.:	5	•
		PALM COAST, FL 32137	,		3584 30,73	0 PM	; ; ; ;
			City/State and Zip Code			PM 7: 39	-
		JMAX531@YAHOO.COM				39	
			to be used for future annual report no	tification)			
For further	information e	oncerning this matter, please c	all:				
ALICE BA	ARBOSA		908 794-7012 at ()				
	Name o	f Person		me Telephone Num	ber	_	
Enclosed is	s 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)	Certifi	Filing Filing File of Sied Copy on all copy is	Status &	I
	lailing Addres		Street Address: Registration S	ection			
D	oivision of C	orporations	Division of Co	orporations			
	.O. Box 632 allahassee, l			oe Street, Suite	: 810		
			Tallahassee, F	L 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW LOOK PAINTING LLC	
(<u>Name of the Limited Liability Company as it now :</u> (A Florida Limited Liability Comp	appears on our records.) Dany)
he Articles of Organization for this Limited Liability Company were filed (on MAY 31, 2023 and assigned
lorida document number 1.23000264508	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	[2]
Principal office address MUST BE A STREET ADDRESS)	
	NSS P
nter new mailing address, if applicable:	SC P ::
Mailing address MAY BE A POST OFFICE BOX)	FA 39
. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
ели	
Cin	Florida

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 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	JOSE P MARTINS	17 LYNDENHURST LANE	≣ Add
		PALM COAST, FL 32137	□Remove
			□Add
			□Remove
			—————————————————————————————————————
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ective date, if other than the date of filing:				_ (optional)		
effective date is listed, the date must be specific and cannot be	e prior to date	of filing or m	ore than 90 d	ays after filing.) Pursua	int to 605.02
ie: If the date inserted in this block does not meet the aument's effective date on the Department of State's re-	applicable st cords.	atutory nan	g requireme	mis, this date	WIII IRO	it be fisted
cord specifies a delayed effective date, but not an effec	tive time, at	12:01 a.m.	on the earlie	er of: (b) Th	e 90th	day after th
s filed.						
ed JULY 13, 2023						
<u> </u>)			
400						
Signature of a member of			f` o	•		