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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	efreshing and I Name of Lim	Zepaining Service ited Liability Company	es LLC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John	Gaston Name of Person	
	<u> </u>	Firm/Company	
	378	melton Dor Address	
	Fort period Refresh 1:-mail address: (City/State and Zip Code City/State and Zip Code Cing Services Q you to be used for future annual report notifi	482 has.com
SUBJECT: Defreshing and Repairing Services LLC Name of Limited Flability Computy The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tohn Gaston			
John	Gaston of Person	at (<u>77Z</u>) <u>370</u> Area Code Daytime	-6763 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addr	ess:	Street Address:	

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

TO:

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



Refreshing and (Name of the Birhited Liability (A Florida	YEDAKING SETVICES (Y Company as it new appears on our records.) Limited Liability Company)	LC TO
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number <u>L93000A750AA</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
Refresh and Repair The new name must be distinguishable and contain the words "Limi	LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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
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(If an ef Note:	we date, if other than the date of filing:
ne recor ord is fi	d 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 ed.
Dated	Thursday August 17th 2023.
	Signature of a member or authorized representative of a member
	·

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