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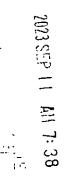
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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	S&P PAINTING PRO. LLC	
Sepre	Name of Limited Liability Company	
The enclos	osed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	Nicolus Pustor Name of Person	
	S&P Parting Pro. LLC Film/Company	
	504 Yellow tail Pl Address	
	Chuluota FL 32766 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	er information concerning this matter, please call:	
<u></u> j`	Vi (b) (a) P4St-or at (321) 290-3048 Name of Person Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:	
□ \$25.00	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$ \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed)	

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

Sap Painting Pro. UC
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 7/20/2023 and assigned Florida document number <u>L23000344377</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, <u>enter the name of the new register</u> agent and/or the <u>new registered office address here</u> :
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 th

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>	Address	Type of Action
AP	Scott C. Erickson	504 yellow tail Pl Chuluota, FL 32766	□ Add
		Chuluota, FZ 32766	X Remove
			□ Change
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an eff lote:	ive date, if other than the date of filing: (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis 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 led.
ated	August 22 2023
	Signature of a member or pythorized representative of a member
	Signature of a discriber of Aprilo112ed Tepresentative of a time moet
	N^{\perp}