## L23000442690

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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			<b>&gt;</b>	
		NTING ETC LLC			
SUBJEC	CT:	Name of Limi	ted Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
		ANGELICA VEGA	_		
		+ · · · · · · · · · · · · · · · · · · ·	Name of Person		
		JARS PAINTING ETC LL	C		
			Firm/Company		
		5312 VEL ST			
			Address	<del></del>	
		WIMAUMA, FL 33598			
			City/State and Zip Code		
		avspens@gmail.com	to be used for future annual report no	tification)	
For furt	her information c	oncerning this matter, please co		in the section of the	
ANGEI	LICA VEGA		317 353-4925 at ()		
	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclose	ed is a check for the	ne following amount:			
■ \$25	5,00 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)	
	Mailing Addres Registration S		Street Address: Registration S	ection	
	Division of C	Corporations	Division of Co	Division of Corporations	
	P.O. Box 632 Tallahassee, l			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JARS PAINTING ETC LLC		n mananda \	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	1 1260103°)	
The Articles of Organization for this Limited Liability Company	y were filed on	23	and assigned
Florida document number L23000442690			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			023
			023 NO
			29
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
•		• _:	<del></del>
		1	<del>o</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of	the new regi
Name of New Registered Agent:			
New Registered Office Address:			<u></u> .
	Enter Florida stree	t address	
		, Florida	
	City		ip 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

Title	Name	Address	Type of Action
MGR	ANGELICA VEGA	5312 VEL ST	■Add
		WIMAUMA, FL 33598	□Remove
			□Change
<del></del>			□Add
			□Remove
			☐ Change
		<del>,</del>	
			□Remove
			□Change
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			□Remove
			□ Channa

Effective date, if other than the date of filing:  1 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 603.0207  Store; If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as document's effective date on the Department of State's records.  2 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 d is filed.  Dated  October 4  2023  Signature of a member of affiorized representative of a member			
Effective date, if other than the date of filing:    09/22/2023			
Effective date, if other than the date of filing:  99/22/2023  (optional)  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.  The record specifics a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the distilled.  Dated October 4  2023  **NORAL CLUMBERS**  **DATE: **APPLICATION OF THE POTT OF T			
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Signature of a member or authorized representative of a member	Dated October 4	. 2023	
Signature of a member of partitionized representative of a member	(NGes	ic log	stative of a member
	J Sign	nature of a member of authorized represen	naire of a menuer

Filing Fee: \$25.00