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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DCM SERVICES CENTER INC

Account Number : I20220000102 Phone : (813)990-8630 Fax Number : (813)990-8631

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

Email Address: DCMSERVICESCENTER@GMAILCOM

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FFB - 3 2025

## **COVER LETTER**

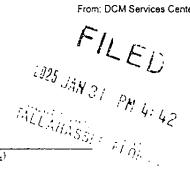
		COVERTEER	
TO: Registration Solution of Con			
SUBJECT:	260 Pm Name of Lin	Deunters nited Liability Company	LLC
The enclosed Articles of	Amondment and fee(s) are sub	omitted for filing	
Picase return all correspo	indence concerning this matter	to the following:	
	Julis	Sa Rusado Name of Person	
		Name of Person	
	Dem S	Firm Company	ter Inc
	10034	State Rd Address	52
	Huds	City State and Zip Code  City State and Zip Code  COS Conter  to be used for future annual report not	469
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Juli 55 Name o	rerson	at ( <u>§ 13</u> ) <u>Acc</u> Area Code Daytin	0 - 8 6 30 ne Telephone Number
Enclosed is 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)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (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



260 Pro Painters LLC

(Name of the Limited Liab (A Flor	allity Company as it now appears on our records Emilied Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L 23 0004 48</u>	<u>13</u> 59	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	united Liability Company," the designation "I	AC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		and the country of the control of th
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>ent</u> :	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	· · · · · · · · · · · · · · · · · · ·	Florida
	Cay	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 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
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