L33000489570

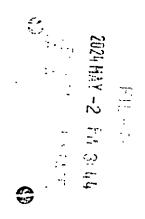
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COVER LETTER

TO: Registration Se Division of Cor			
Royal Varni			
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Johan Aguado		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Royal Varnish LLC		
		Firm/Company	
	2400 Vera Ave S		
		Address	
	Lehigh Acres		
	itsjobbi@gmail.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Johan Aguado		239 682-2168	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 OF

Royal Varnish LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our reco i Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000489570</u> .	y were filed on 10/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Lehigh Plaster LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2400 Vera Ave S Lehigh Ac	eres Florida 33976
(Principal office address MUST BE A STREET ADDRESS)		
		2024
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		
		- _c . 'i
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
	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 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
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
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			□Remove
			[] Change

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ctive date,	if other than	the date of fi	ling:			(ор	tional)	
	is listed, the date inserted in thi							
iment's effe	ctive date on th	e Department	of State's rec	ords.				
	cifies a dela y after the i			t not an eff	ective time	e, at 12:01	i a.m. on th	ne earlier
:d <u>4/2</u>	4/2024	1		·				
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		Signature o	f a member of	authorized repr	resentative of a	member	··	