L23000528966

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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1023 EEC 11 PH 3: 52

(12/22/2023

COVER LETTER

TO:

	egistration Se ivision of Cor		· .	
,		SISH PAINTER LLC		•
SUBJECT	:	Name of Lin	ited Liability Company	.
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		PAOLA AMAYA		
			Name of Person	
		FAST TAX INC		
		- With	Firm/Company	<u> </u>
		8436 W OAKLAND PAR	K BLVD	
			Address	
		SUNRISE FL 33351		
			City/State and Zip Code	
		pnamaya@gmail.com	to be used for future annual rep	· · · · · · · · · · · · · · · · · · ·
For further	information co	oncerning this matter, please ca		ori nottication)
PAOLA A	MAYA		954 471-2	2435
Name of Person		at ()	at ()	
	Name ()	recon	Mea Code	Daytine Telephone Auntoer
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 enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
Re D P.	ailing Address egistration S ivision of C O. Box 632 allahassee, F	Section orporations 7	Division of The Centr 2415 N. N	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOG FINISH PAINTER LLC

2023 DEC 11 PH 3: 52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/27/2023}{1}$ and assigned Florida document number _____L23000528966 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOOD FINISH PAINTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_____. Florida _____ Zip Code 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>	Name	Address	Type of Action
			🖸 Add
			□Remove
			□Change
			
			□Remove
			□Change
		 -	
			□Remove
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		_	□Add
			□Remove
			□ Change
			□Remove
			□Change

amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	- 	
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veffectiv <u>te:</u> If th	date, if other than the date of filing:	.020 ed a:
cord spo s tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ed	12/05 2023	
	Eldanis a	
,	Signature of a member of authorized representative of a member	
	Eldamar Raminez C.	