L24000029880Z

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
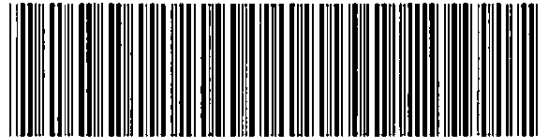(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000425596580

03/18/24--01022--001   **25.00

COVER LETTER

SUBJECT: Paint USA LLC
_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Perez
_____
Name of Person

Paint USA LLC
_____
Firm/Company

1119 Homer St. NW
_____
Address

Palm Bay FL 32907
_____
City/State and Zip Code

PaintUSA321@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Rodriguez   321   368-3630
_____ at (_____) _____
      Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                 (additional copy is enclosed)   Certified Copy
                                                                          (additional copy is enclosed)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Perez	1119 Homer St.	☑Add
		Palm Bay FL 32907	☐Remove
			☐Change
AMBR	Kathy Rodriguez	281 Belgian Dr. 10106	☑Add
		West Melbourne FL 32904	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change