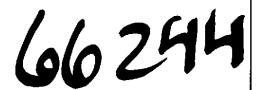
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COASTAL BAY PAINTING SERVICES LLC (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 $\frac{02/05/2024}{1}$ _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Cirv

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

COVER LETTER

TO:

TO: Registration S Division of Co			
	L BAY PAINTING SERVICES	SLLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GUARCHAJ, SANTIAGO	0	
		Name of Person	
	COASTAL BAY PAINTI	NG SERVICES LLC	
		Firm/Company	
	22850 SW 13TH PLACE	АРТ А	
		Address	s B
	BOCA RATON, FL 3342	8	TALL
	myreyesgroup1@gmail.cor	City/State and Zip Code	2024 FEB 26 AM SECRETARY OF TALL ATTASSE
		(to be used for future annual report notif	fication) SSE S
For further information	concerning this matter, please of	eall:	SSEE, FL
GUARCHAJ, SANTIA	.GO	954 505-1740 at ()	in —
Name	of Person		c Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

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
AMBR	KAREN LAZO GUARCHAJ	222850 SW 13TH PLACEBOCA RATON, FL 33428	} ■Add
			□Remove
			Change
	W. A. J. B. A. B. A. B. C. B.		□Add
			□Remove
		王	Change Change Remove
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ffective date, if other than the d	ate of filing:		(optio	nal)		
on effective date is listed, the date must book ote: If the date inserted in this block		to date of filing or mor	e than 90 days after f	iling.) Pur		
ocument's effective date on the Department		, 0				
	late, but not an effective tin	me, at 12:01 a.m. on	the earlier of: (b)	The 90	th day a	fter the
is filed.	2024					
is filed. FEBRUARY 21						
is filed. FEBRUARY 21	2024 Liga Guara da gonditure of a member or autho Guacha Typed or printe					