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7o:

Division of Corporations

Fax Number : (850)617-6383

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE 5 STARS PAINTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



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Corporate Filing Menu

Help 4505 # 0 A9A T. LEMIEUX Page: 3 of 5

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## ARTICLES OF AMENDMENT

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4	7	ART	TICLES OF ORGANIZATI	ON ·	1,000	-1"
•			OF	•		
		T	HE 5 STARS PAINTING LLC		•	
		(Name of the Lim	Ited Linbility Company as it now appears (A Florida Emitted Liability Company)	on our records.)		
				00 04 0004		
			Liability Company were filed on	02-21-2024	and assign	ieg
lorida	document rumber_	L24000091772	· · · · · · · · · · · · · · · · · · ·			
his an	nendment is submitt	ed to amend the fol	llowing:			
If a	mending name, <u>em</u>	ter the new name	of the limited liability company here	£;		
VUL1	TISERVICES HA	NDYMAN LLC				
be new	name must be distingui	shable and centain the	words "Limited Liability Company," the des	ignation "LLC" or the ab	ibreviation "E.E.C	
nter 1	new principal office	address, if appli	icable:			
Princi	pal office address M	<i>IUST BE A STRE</i>	ET ADDRESS)			
inter i	new mailing addres	ss, if applicable:				
Mailin	g address MAY BE	A POST OFFICE	E BOX)			
	<u>,</u>		<del></del>			
			registered office address on our rec	ords, <u>enter the nam</u>	<u>ie of the new r</u>	egistere
gent a	nd/or the new regi	stered office addr	ess here:			024
						024 APR
	Name of New Re	gistered Agent:	KERRIGAN MARTTYNN ZEI	₹РА ———————		<u>. 56</u> ,
	New Registered C	Office Address:	3189 FOXRIDGE CT			င်္ပ
			ünter Florid	a struet address	. ;	٠.در
			LAKE WORTH	Plorida 30	3461	-i.
			Clty	<del></del>	Zψ Code	<del></del>
lew Re	gistered Agent's Sig	nature, if changing	Registered Agent;		~1  -1	

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

From: Yanet Avile

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

To:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	KERRIGAN MARTTYNN ZERPA	3189 FOXRIDGE CT	ØAdd
		LAKE WORTH, FL 33461	□ Remove
			Change
AR	ZERPA, KERRIGAN, SR	3189 FOXRIDGE CT	
		LAKE WORTH, FL 33461	☐ Remove
			[]Change
MGR	JEFFREY TORRES	3189 FOXRIDGE CT	ØAdd
		LAKE WORTH, FL 33461	□Remove
			UChange
MGR	TORRES, JEFFREY, SR	3189 FOXRIDGE CT	ElAdd
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