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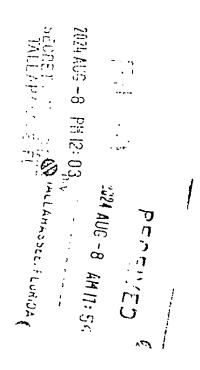
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## **COVER LETTER**

	Registration So Division of Co				
SUBJEC		SION PAINTING LLC			
SUBJEC	. I •	Name of Lim	ited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for liling.		
		ondence concerning this matter	-		
		JHONY OSWALDO DIA	Z TOBAR		
			Name of Person		
			Firm/Company		
		548 WINER AVE SW			
			Address	207 	
		PALM BAY, FL 32908		A AL	17
		jdprecisionlle@gmail.com	City/State and Zip Code	8-9°	
For further	er information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notificati all:	2021 AUG -8 PH 12: 03 SECRE JANG LES TO	
JHONY	OSWALDO DI	IAZ TOBAR	252 7226616	W	
	Name o	of Person	at ()	lephone Number	
Enclosed	is a check for t	he following amount:			
Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration to Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sectio Division of Corpor The Centre of Talla	ations	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD PRECISION PAINTING LLC		
( <u>Name of the Limited Liabi</u> (A Florio	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000108592	Company were filed on March 04,2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "E.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		ARC ELS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		70 70
Frank, waren Piji Pari 100 VI FICE PON		
		7.51 0
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		دی سبت
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
<del></del>	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. Thereby confirm that the limited liability company has been notified in writing of this change.

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
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 1.	t be specific and canno ock does not meet th	ot be prior to da ne applicable	ste of filing or m	ore than 90 days a	otional) fter filing.) Pure this date will	suant to 605 not be liste	.020 ed a
record specifies a delayed effectiv l is filed.	e date, but not an eff	fective time,	at 12:01 a.m.	on the earlier of	(b) The 90	:h day after	r th
August 01st	202	24					
<u> </u>	ON OSU	Pilbo er or authorize	D/fl-	TUBAR of a member			

Filing Fee: \$25.00