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COVER LETTER

Division of C	Section Corporations		
PAINTI SUBJECT:	NG SERVICES TAMPA LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	•	Name of Person	
	JD MILO CPA LLC		
		Firm/Company	
	11121 SW 172 TERRACE	:	
	·	Address	
	MIAMI, FL 33157		
	JAVIER.MILO@JDMILO	City/State and Zip Code CPA.COM	
	_	to be used for future annual report	notification)
For further information	on concerning this matter, please c	all:	
JAVIER MILO		786 797-907:	5
Nan	ne of Person	at () Area Code Day	time Telephone Number
Enclosed is a check fo	or the following amount:		
S25.00 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)
			1 €0 1 €0

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTING SERVICES TAMPA LLC					
(<u>Name of the Limited Liabili</u> (A Florid:	lity Company la Limited Liab	as it now appears or pility Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.24000134494}{1.24000134494}$	Company we	ere filed on MARC	Л4 19, 2024	and assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liabilit	y company here:			
he new name must be distinguishable and contain the words "Lim	nited Liability	Company," the desig	nation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:	. <u>-</u>				
Principal office address MUST BE A STREET ADDI	RESS)				
	_				
Enter new mailing address, if applicable:	_				
Mailing address MAY BE A POST OFFICE BOX)	_				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		iress on our reco	rds, <u>enter the na</u>	ame of the new re	egistered
New Registered Office Address:			 :		
		Enter Florida	street address		
		City	, Florida ₋	Zip Code	
Nam Davistanad Amerika Simustana if abancing Davistana	ad tuanti	C II,		zφcizie	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a heing filed to merely reflect a change in the registere company has been notified in writing of this change.	t and agree complete pe agent as pro red office ac	erformance of my ovided for in Cha	duties, and Lar pter 605, F.S. C	m familiar v <mark>éit</mark> h a)r. if _t this do cti me	md

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Christopher S Foulks	8161 Stone Leaf Ln. Tampa. FL 33647	= Add
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			□Change
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Effective date, if other than th	e date of fili	ng:		(optional)	i		
If an effective date is fisted, the date mi Note: If the date inserted in this be document's effective date on the I	olock does not	t meet the applic	able statutory fi	more than 90 days ing requirements	after tiling i. this date	.) Pursuant : will not	t to 605.0 be listed)207 (3 ₎ d as the
ie record specifies a delayed effecti	iva data kut a	at an affactive t	ime at 12:01 o e	y on the parlies of	ofe (b) — Ti	us QOth de	n gflar	the
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_ Lyou	مسم		orized representat			ASS.		1 1
_	Signature of	a member or auth	orized representat	ve of a member		EE. 1	— <u>P</u> မ	
LEANDRO D BONIF	ACIO					-11		

Filing Fee: \$25.00