L24000134494

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COVER LETTER

j,

TO: Registration Division of C		
	IG SERVICES TAMPA LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
		Name of Person
	JD MILO CPA LLC	Nume of Costs
		Firm/Company
	11121 SW 172 TERRACI	Address
	MIAMI, FL 33157	
	JAVIER.MILO@JDMILO	City/State and Zip Code
	E-mail address: ((to be used for future annual report notification)
JAVIER MILO	concerning this matter, please c	786 797-9075
	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Jability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L24000134494	were filed on MARCH 19	, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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 a	address on our records, <u>e</u>	nter the name of the new regist
igent and/or the new registered office address here:		
No. of Chief De Carried Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ddress
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		, ~ ?
thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as played being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (I further agree to comply with es, and I am familiar with and $\frac{3}{3}$ 605. F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Christopher S Foulks	8161 Stone Leaf Lu, Tampa, FL 33647	□∧dd
			■Remove
			□ Change
			ÜAdd
			□Remove
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			□ Change
			□Add -¬ □
			□Remove ₂
			□Change

Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3 Kbg requirements, this date will not be listed as the
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 12:01 a.m. o	an the earlier of: (b) The 90th day after the
	2024	·
AUGUST 29		•
Jated	 ··	
Dated	mpi in	
Dated	 ··	

Filing Fee: \$25.00