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(Requestor's Name) (Address) (Address)	600427889886
(City/State/Zip/Phone #)	04/22/2401923026 ** 23.00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Office Use Only	FILED 2024 APR 22 EN LISS SCOULD CONTRACT STATES ALL AND CONTRACT STATES CONTRACT STATES CONTR

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April 16, 2024

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Hello, this is a letter to fix business name, my name is Enyel Reyes, enclosed is the money order and information. If you have any questions please contact me at

920 784-3210

12989 SW 38th Cir Ocala, FI 34473

COVER LETTER

TO: Registration Section Division of Corporations

Xtreme Pross Painting Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

 Engel Keyes Name of Person
 Firm/Company
 12989 SW 38th Cir Address
 OCala, FL 34473
 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

920 784 3210 at (920 Keyes 71 6224 Davtime Telephone Number

Enclosed is a check for the following amount:

🗙 \$25.00 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 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

Α ΒΤΙΩΙ ΓΟ ΔΕ ΑΜΕΝΙΝΑ	LEN/P
ARTICLES OF AMENDM TO	IEN I
ARTICLES OF ORGANIZ	ATION
OF	
<u>XFreme</u> Pross Painting) (<u>Name of the Limited Liability Company as it New app</u> (A Florida Limited Liability Compan The Articles of Organization for this Limited Liability Company were filed on	1
Florida document number <u>124000140826</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company X+reme Pros Pain-ling LLC	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	
	2021 2021 APR 2021 APR
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>m</u>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	

Enter Florida street address

Florida_

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. I hereby confirm that the limited liability company has been notified in writing of this change.

City

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

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Jam	Removing a	<u>`</u> S	Jn	my	business name
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	APIPL	16	. 2024.	
			Signature of a member or authorized representative of a member	
			Signature of a member or authorized representative of a member	
			Enyel Reyes	
			Typed or printed name of signee	

Filing Fee: \$25.00