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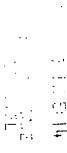
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08/19/24

COVER LETTER

TO: Registration Section

Division of Corp	orations		
SUBJECT: Sty	e's Painting Name of Len	and Garage Flooring mited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
		Name of Person Garage Flower	30
	4030 Buen	nting and Garage Flourir Firm/Company a Vista Are. Address	<i>'</i> J
		City/State and Zip Code (10 De used for future annual report notification)	ng.
For further information con	G E-mail address: (all:	D -
Name of l	Person	at (352) 284-4719 Area Code Daytime Telephone Number	:: =
Enclosed is a check for 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 Stat Certified Copy (additional copy is enc	us &
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	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

<u> </u>	nting and	<u>d Garage</u>	Hoorin	9
(<u>Name of the Limited I</u> (A I	lability Company as lorida Limited Liabil	it now appears on our ity Company)	records.)	J
The Articles of Organization for this Limited Liabi Florida document number <u>L 24000100</u> 5	lity Company wer けーー	e filed on	14/24	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability	company here:		
The new name must be distinguishable and contain the words	•	ompany," the designation	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable		-		, ;
(Principal office address MUST BE A STREET A	<u>.DDRESS)</u>			
Enter new mailing address, if applicable:	_		,	
(Mailing address MAY BE A POST OFFICE BO.	<u>x)</u> _			2.2
			1: 	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office addr <u>ere</u> :	ess on our records,	enter the name	e of the new registered
Name of New Registered Agent:	Steve F	Rodriguez		
New Registered Office Address:	4030 Bu	CNA VISTA Enter Florida stree	AvC. t address	
_	Starke	City	, Florida	32091 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.

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
			□Add
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
		-	
			□Add
			□Remove
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ffective date, if other than	the date of filing:			(option	al)	
an effective date is listed, the date ote: If the date inserted in the	is block does not meet t	the applicable statu	filing or more than 9 tory filing require	0 days after fi	ling \ Pur	suant to 605.020
ocument's effective date on the	ne Department of State'.	s records.	, , , , , , ,	,		Tiot of listed 4.
record specifies a delayed effo	ective date, but not an e	ffective time, at 12	tOlamonthaea	elian of the	TL - 00	اد ۵۰۰۰۰ الله
		ricetive time, at 12.	or a.m. on the ea	meror. (b)	1 ne 90	in day after the
is filed.						
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is filed.	Signature of a memb) od	.			

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