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COVER LETTER

TO:	Registration Se Division of Cor		·				
CUDI	12 Z2/12 .	GJ UNIT	ED PAITING LLC	•			
SUBJ	ECI:	Name of Lin	aited Liability Company		_		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		GIL	MAR J PEREZ ROSSELL				
			Name of Person				
			Firm/Company		—		
908 OVERLOOK DRIVE							
			Address		.		
			JACKSONVILLE, FL 3221	1	2.5		
City/State and Zip Code				3:	<u> </u>		
		***************************************	gilmarperez2112@gmail.com				i
For fu	rther information c	e-mail address: to oncerning this matter, please e	to be used for future annual report no all:	utication)		AK 10: 43	•
GILM	IAR J PEREZ ROS	SELL	904 248-9985 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Nun	nber		
Enclos	sed is a check for th	ne following amount:					
≅ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi	0 Filing I ficate of I fied Copy ional copy i	Status & y	
Mailing Address:		Street Address:	action				
Registration Section Division of Corporations			Registration S Division of Co				
P.O. Box 6327			The Centre of	•			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GI UNITED PAITING	G LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears of ty Company)	n our records.)	
The Articles of Organization for this Limited Liability Company were	ility Company were filed on		and assigned
Florida document number L24000192936			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here	;	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)		(T) (
		13.54	င်
		(0C)	<u> </u>
Enter new mailing address, if applicable:		بىرى 1-: بىر	: : j)
Mailing address MAY BE A POST OFFICE BOX)		m	ω
B. If amending the registered agent and/or registered office addre	ess on our reco	ords, <u>enter the name</u>	e of the new regist
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	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, I hereby confirm that the limited liability company has been notified in writing of this change.

			
If Changing Registered	Agent, Signatur	e of New Regis	stered 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
AMBR	Sindy J Beza Nova	908 OVERLOOK DRIVE JACKSONVILLE, FL 32:	21 ≣ Add
			□Remove
			□Change
			DAdd
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			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/16/2024 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 A 9 US + 16 20 ZY

Signature of a member or authorized to rescritative the member

GILMAR J PEREZ ROSSELL

Typed or printed name of signee