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TO: Registration Section

Division of Cor	porations				
	PAINTING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	PEDRÓ SALAMANCA				
	·	Name of Person			
	REAL BUSINESS TAX I	LC			
		Firm/Company			
	6000 METROWEST BLV	'D STE 200			
		Address			
	ORLANDO, FL. 32835				
	DECLEONGENIAL CON	City/State and Zip Code			
	PESLEON@GMAIL.COM E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
PEDRO SALAMANCA		407 860-5750 at ()			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection		
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 632 Taltahassee,			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCREEN PAINTING LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000216750	y were filed on <u>05/09/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		>>
(Principal office address MUST BE A STREET ADDRESS)		
-		
		次
Enter new mailing address, if applicable:		显
Mailing address MAY BE A POST OFFICE BOX)		, û
Midding dudress MAT BE A POST OFFICE BOX		3
		· · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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, 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
AMBR	JOAQUIN R TRUJILLO	8643 LYONIA DR	⊡Add
		ORLANDO, FL. 32829	■Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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(If an eff <u>Note:</u>	ive date, if other than the elective date is listed, the date must. If the date inserted in this bloacht's effective date on the De	be specific and cannot be prock does not meet the app	ior to date of filing or more t licable statutory filing re-	(optional) han 90 days after filing.) Pursuan quirements, this date will not	1 to 605,0207 (3)(1 be listed as the
If the recor record is fil	d specifies a delayed effective led.	date, but not an effective	e time, at 12:01 a.m. on th	ne earlier of: (b) The 90th de	iy after the
Dated	JULY 30	2024			
2 uica				member	

Filing Fee: \$25.00

Typed or printed name of signee