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Office Use Only



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## **COVER LETTER**

TO: Registration Section

Division of Corporations					
A to Z Pair	nt, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Askia F Naji, Sr				
	Name of Person				
	A to Z Paint, LLC				
	Firm/Company				
	720 SW 34th Street Apt L130				
Address					
	Gainesville, FL 32607				
		City/State and Zip Code	~		
	atozpaintllc@gmail.com E-mail address: (	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:	- 77		
Askia F Naji, Sr		352 213-5981	1		
Name of 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	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:	action		
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A to Z Paint, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 05/09/2024	and assigned	
Florida document number L24000218629			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2330 NE Waldo Road Suite B		
Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32609		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	addrace on our records antar th	a name of the new regio	
gent and/or the new registered office address here:	address on our records, enjer tip	e name of the new regis	
		•••	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	n	_	
·	, Flori	daZip Code	

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
MGR	Askia F Naji, Sr	720 SW 34th Street Apt L130	<b>=</b> Add
		Gainesville, FL 32607	□Remove
			Change
		<del></del>	□Add
			□Remove
			☐ Change
		<del></del>	
			□Remove
			☐ Change
<del></del>			•
			□Remove
			Change
	<del></del>		□ Add
			□Remove
			□Change
			□Add
		<del> </del>	[]Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee