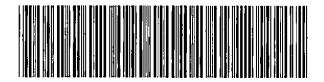
L24000239208

| (Requestor's Name) |
|---------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| fied Copies Certificates of Status |
| ecial Instructions to Filing Officer: |
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| |
| Office Use Only |



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Registration Section Division of Corporations

| T: | CA | MUNITAINTING & MORE LLC | |
|---|--|---|--|
| | Name of Li | mited Liability Company | |
| | of Amendment and fee(s) are su condence concerning this matte | - | |
| | | • | |
| | EMIL | Y K MENDEZ QUEVEDO | |
| | Enily | Name of Person Name of Person Firm Company | |
| | | 0040 DE COLDINA | |
| | | 0960 BEACH BLVD LOT 578 Address | |
| | | | |
| | · | JACKSONVILLE FL 32246 | <u> </u> |
| | f.II. | City/State and Zip Code IANA@DELACRUZTAXES.COM | А |
| | | (to be used for future annual report not | |
| er information (| concerning this matter, please o | • | |
| nrique Itriago A | Arevalo | 904 6040783 | |
| Name of Person | | Area Code Daytin | ne Telephone Number |
| is a check for t | he following amount: | | |
| 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 Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I | Section Corporations 17 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Callahassee e Street, Suite 810 |

CARITRI PAINTING & MORE LLC

TO ARTICLES OF ORGANIZATION OF

CARITRI PAINTING & MORE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 05/23/2024 icles of Organization for this Limited Liability Company were filed on and assigned L24000239208 document number tendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ig address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> ind/or the new registered office address here: CARLOS E ITRIAGO AREVALO Name of New Registered Agent: 10960 BEACH BLVD LOT 578

gistered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

JACKSONVILLE

Enter Florida street address

<u>wea from our records:</u>

Manager

= Authorized Member

| Name | <u>Address</u> | Type of Action |
|--------------------------|--------------------------|----------------|
| CARLOS E ITRIAGO AREVALO | 10960 BEACH BLVD LOT 578 | ■Add |
| | JACKSONVILLE FL 32246 | □Remove |
| | | Change |
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| ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| tive date, if other than the date of filing: |
| rd 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 filed. |
| Nov 07th 2024. |
| Signature by a member or authorized representative of a member |
| |
| EMILY K MENDEZ QUEVEDO Typed or printed name of signee |