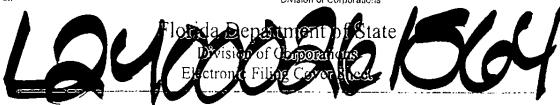
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone : (305)226-8727

Fax Number : (786)947-0844

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COVER LETTER

TO: Registration S Division of Co			
FENIX PA	AINTING LLC		
SUBJECT:	Name of Li	mited Liability Company	
Tr. Land	**		
The enclosed Articles o	f Amendment and fee(s) are su	omitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	LUCIA ESTRELA		
		Name of Person	
	LICENSES & PERMITS		
		Firm/Company	
	8300 W FLAGLER ST		
		Address	
	MIAMI FL 33144		
		City/State and Zip Code	·
	LICENSEST H@GMAIL.0	COM (to be used for future annual report no	
For further information of	e-mail address:	·	itication)
LUCIA ESTRELLA		305 226-8727	
Name o	of Person	305 226-8727 at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		□ \$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		Street Address:	
Registration 5		Registration Se	
Division of C	-	Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT T()ARTICLES OF ORGANIZATION OF.

FENIX PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Canitea I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000261564	were filed on JUNE 11 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abb:	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		··
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name (</u>	of the new registers
Name of New Registered Agent:		_ _ _ω
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Unde
New Registered Agent's Signature, if changing Registered Agent:	City	Lip Unde

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 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	NESTOR J ORDAZ QUINTANA	551 EAST 60TH STREET	≅ Add
		HIALEAH, FLORIDA 33013	
			UChange
MGR			DAdd
			Петюче
		·]Change
			NAdd
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Effective date, if other than the fan effective date is listed, the date in	e date of illing:	AUGUST E, 202		(optional)	
Note: If the date inserted in this bedecument's effective date on the l	block does not med	it the applicable s	tatutory filing requir	ements, this date will not	ii to 605 0207 (be listed as ti
record specifies a delayed effecti d is filed.	ve date, but not ar	effective time, at	12:01 a.m. on the ea	irher of: (b) The 90th da	ay after the
Dated AUGUST 8		2024			
Julieu .	·				
	· · ·				

Filing Fee: \$25.00

Typed or printed name of signee