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## **COVER LETTER**

` **TO**:

Tallahassee, FL 32314

	Registration Se Division of Cor				
ELITE PAINTING OF CENTRAL FLORIDA LLC					
SUBJEC	,1:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		JENNIFER SNIDER			
			Name of Person		
		TRENT SNIDER CPA PL	LC		
			Firm/Company		
	20743 W PENNSYLVANIA AVE				
			Address		
		DUNNELLON, FL 34431			٠,
			City/State and Zip Code		
		TRENTPIZZA@YAHOO.	СОМ		
		E-mail address: (	to be used for future annual report not	tification)	<u></u>
For furth	er information c	oncerning this matter, please c	all:	Sec.	PM
JENNIF	ER SNIDER		352 462-7008	STAT	PM 1: 4
	Name o	f Person		me Telephone Number	
Enclosed	l is a check for th	ne following amount:			
■ \$25.00 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	<u>ss:</u>	Street Address:		
Registration Section			Registration So		
	Division of C P.O. Box 632	-	Division of Co The Centre of	-	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06/11/2024	and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
PREMIER PAINTING OF CENTRAL FLORIDA LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		1.3	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		35 J	
E-tan commoding address if applicables		PH SSE	
Enter new mailing address, if applicable:		ms =	L., 1
Mailing address MAY BE A POST OFFICE BOX)		구취 <del>트</del>	
	<del></del>		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the	new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ada	Iress	
		Florida	
	City	Zip C	ode

## New Registered Agent's Signature, if changing Registered Agent:

ELITE PAINTING OF CENTRAL FLORIDA LLC

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>	Name	Address	Type of Action
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			□ Add
			□Remove
			□Change
			□ Add
			Add  SSC □ Remove  STATE □ Change
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ective date, if othe	er than the date of f	iling:		(optional)	
e: If the date insert	ted in this block does r	not meet the applic	able statutory filing re	than 90 days after filing.) Fequirements, this date w	hirsuant to 605.02 fill not be listed
ument's effective da	ate on the Department	of State's records.			
and anneifice a dolo	ayad affaatiya data bu	t not an affactive ti	ma at 12:01 a.m. on	the earlier of: (b) The	90th day after t
cord specifies a deta s filed.	iyed effective date, but	i not an effective ti	ine, at 12.01 a.m. on	the carner or. (b)	John Cary arter a
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