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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Capital City Painters Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
- · · · · ·	
Adulfo Bedolla Name of Person	
Capital City Painters Firm/Company	
Tank Company	
3013 Killearh Point	
Addiess	
Tallahassec, FL 32312 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Adolfo Bedolfa at (239) 200-9867 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy Certificate of Status	_
(additional copy is enclosed) Certified Co	
Mailing Address:Street Address:Registration SectionRegistration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital City Painters		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compan		
Florida document number <u>L24000329517</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Capital City Painting LLC		
Capitul City Painting LLC The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		921
Enter new mailing address, if applicable:		Sample Sample Sample
(Mailing address MAY BE A POST OFFICE BOX)		1
Maning address MAT BE AT OST OFFICE BOAY		
B. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new registered
agent and/or the new registered office address here:	. audi 1555 11. 5 21. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12. 1555 12.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Clorida
	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 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
AMBR	Justine Bedolla	3013 Killearn Point Ct.	DAdd
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te: If the date inserted	than the date of filing: _ the date must be specific and can in this block does not mee to on the Department of State	t the applicable statu	filing or more than 90 d tory filing requireme	_ (optional) ays after filing.) Pursuant on the control of the con	:o 605.020 e listed a
cord specifies a delay s filed.	ed effective date, but not an	effective time, at 12	:01 a.m. on the earlie	r of: (b) The 90th day	after the
ed <u>08-07</u>		2024.			
	Signature of a mer	nber or authorized repr	esentative of a member	-	_
	1/	•			