L24000339289

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | Registration S Division of Co | | | |
|--|----------------------------------|--|--|------------------|
| SUBJEC' | | Master Painters LLC | | |
| SOBJEC | 1 | Name of Lim | ited Liability Company | |
| The enclo | sed Articles o | of Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | urn all corresp | oondence concerning this matter | to the following: | |
| | | ĴAIRO A SALAZAR BER | MUDEZ | |
| | | | Name of Person | |
| | | JAIRO A SALAZAR BER | MUDEZ | |
| Firm/Company | | | | |
| | | 106 SW 31ST TER | | |
| | | | Address | |
| | | CAPE CORAL/FLORIDA | /33914 | |
| | | - | City/State and Zip Code | |
| | | aathemasterpainters@gmail | .com to be used for future annual report notification) | |
| For furthe | er information | concerning this matter, please co | | |
| | | | | |
| JAIRO A | | BERMUDEZ | 239 6454208 at () | |
| | Name | of Person | Area Code Daytime Telephone Number | |
| Enclosed | is a check for | the following amount: | | |
| ■ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Cop (additional copy | f Status & py |
| | | | | 7024 SEP |
| Mailing Address: Registration Section | | _ | Street Address: Registration Section | 5 |
| Division of Corporations | | | Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | . 155 |
| | | | Tallahassee, FL 32303 | (A) |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A&A The Master Painters LLC | | |
|--|---|---|
| (Name of the Limited Liability Compan- (A Florida Limited Lia | y <u>as it now appears on our recor</u> ability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company w Florida document number $\frac{07/28/2024}{1}$. | vere filed on <u>L24000339289</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "1.1.0 | C" or the abbreviation "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 ac agent and/or the new registered office address here: | idress on our records, <u>ente</u> i | r the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | 188 |
| | , F | lorida |
| | Cüy | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 2024.5 |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr | performance of my duties, a | urther agree to comply with the and I am familiar with and ' |

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 |
|--------------|--------------------------|--------------------------|---------------------------------------|
| MGR | JAIRÓ A SALAZAR BERMUDEZ | 106 SW 31ST TER | = Add |
| | | CAPE CORAL/FLORIDA/33914 | □Remove |
| | | | □ Change |
| MGR | XIMENA BUSTOS | 106 SW 31ST TER | □ Add |
| | | CAPE CORAL/FLORIDA/33914 | □Remove |
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| ective date, if other than the date of filing: (optional) reflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 10: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not learnent's effective date on the Department of State's records. 11: 12: 13: 14: 15: 16: 16: 16: 16: 16: 16: 16 | |
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| 1000000000000000000000000000000000000 | 174 S |
| Join Ancher Joseph | 77 |
| | 5 P |
| Signature of a member or authorized epresentative of a member | ?;} :>> |

Typed or printed name of signee