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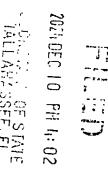
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Tallahassee, FL 32314

TO:

TO: Registration So Division of Cor			
QUALITY SUBJECT:	CUSTOM PAINTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAMILO RENDON		
		Name of Person	
	QUALITY CUSTOM PAI	NTINGS LLC	
		Firm/Company	
	8176 NATURES WAY AI	r. 17	
		Address	
	LAKEWOOD RANCH, F	LORIDA, 34202	
		City/State and Zip Code	
	rendoncamilo82@gmail.cor		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
CAMILO RENDON		941 334-2876 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he 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		Street Address:	ution
Registration ! Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY CUSTOM PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records) 1000 10 Pri 4: 02 The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 06, 2024 Florida document number L24000390761 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: QUALITY CUSTOM PAINTINGS ELC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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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			□ Change	
			□Add	
			□Remove	
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<u>)(e:</u> 11	date, if other than ve date is listed, the da the date inserted in t 's effective date on	his block does n	ot meet the applica	o date of filing or moble statutory filing	(op) ore than 90 days aft g requirements, th	tional) er filing.) Pursuant to iis date will not be) 605.0207 (.: Histed as th
recor The 9(d specifies a del Oth day after the	ayed effective record is file	e date, but not ed.	an effective ti	me, at 12:01	a.m. on the ea	arlier of:
ted	December	<u> 0</u> 5	2024	T)			
			John P				
		Signal ne o	in thember or author	ized representative	of a member	. - -	-

Filing Fee: \$25.00