L 24000 48 1557

(Řé	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>	ils	

Office Use Only



800440391568

12/04/24--01004--004 **25.00

2024 DEC -1, 677 10: 19

COVER LETTER

	Registration Division of C		•	
SURIEC	FL Paint	& CO LLC		
SUBJECT: Name of Limited Liability Company				
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing	
		pondence concerning this matter	, and the second	
			and some ming.	
		Carolina Taborda		
			Name of Person	
		FL Paint & CO LLC		
			Fim/Company	
		175 Grace Blvd		
			Address	
		Altamonte Springs FL 32	714	
			City/State and Zip Code	
		info@flpaintco.com E-mail address: (to be used for future annual report notif	ication)
For furthe	er information	concerning this matter, please of	•	nearton)
	Taborda	•	832 3498266	
	Name	of Person	at ()	e 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Î I	Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PL Paint & CO LLC	
(Name of the Limited Liabit (A Florid	dity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.24000487557	Company were filed on November 19th, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	PRESS)
Enter new mailing address, if applicable:	7
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new reg</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	<u>Name</u>	Address	Type of Action
MGR	Carolina Taborda	175 Grace Blvd Altamonte Springs FL 32714	Add
			□Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		🖸 Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an el Note:	tive date, if other than the date of filing:
e reco rd is f	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed
Dated	November 26 2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00