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COVER LETTER

TO: Registration Section Division of Corporations	*
SUBJECT: DISTINGUISH PAINTING ULC 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:	
SUSAN M. COLBIN Name of Person	_
SUE CORBIN P.A. Firm/Company	-
5409 OVERSERS Huy #222	3
City/State and Zip Code	_
Succorbina Cinhos. Con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Susan M. COMBIN at (305) 780 -7997 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTINGUI	SH PAIN	oring Lr	<u> </u>	<u>. </u>
Name of the Limite	A Florida Limited L	ny as it now appears or liability Company)	our records.)	
The Articles of Organization for this Limited Lia		were filed on <u>O</u> E	3/17/2023	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			·
		.		_
B. If amending the registered agent and/or re agent and/or the new registered office address	here:			
Name of New Registered Agent:	LA2	ARD VE	VTO .	
New Registered Office Address:	<u>540°</u>	ARD VERSER Enter Florida	street address	2223
	MAR	ATHON City	Florida _	33050 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 Changing Registered Agent. Signature of New Registered Agent

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: Oldo 2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
ne recor ord is fi	d 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 led.
Dated	APRIL 16 . 2024.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00