# 412000072791

(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

	Registration Se Division of Cor		<b>,</b>	
our inco		PAINTING LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		DUSTIN BEISSEL		
			Name of Person	
		DUSTIN'S PAINTING LL	C	
			Firm/Company	
		2763 DATE PALM DRIV	Е	
			Address	
		EDGEWATER, FL 32141		
		<del></del>	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further	er information c	oncerning this matter, please ca	all:	
DUSTIN	BEISSEL		386 689-3649 at ( )	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTIN'S PAINTING LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000072791	oility Company were filed on 05/31/2012	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the al	obreviation "LL.C."
Enter new principal offices address, if applicab	ole:	LA
(Principal office address MUST BE A STREET	ADDRESS)	HASS
		A
Enter new mailing address, if applicable:		STAT LORN
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	J DA
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> ce address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Line, Florida Sirver address	
	, Florida	Zip Code
	City	лір Соае

#### 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager , AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ANDREWAURIG	4608 S. ATLANTIC AVENUE	■ Add
		NEW SMYRNA BCH, FL 32169	Remove
		****	□ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
		<del>100</del> - 11	Change
			□ Remove
			☐ Change
			🗆 Add
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			☐ Change

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Sective date, if other than the date of filing: $\frac{03/28/2018}{1}$	(optional)
n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	an enceave time, at 12.01 and on the camer
ted MARCH 28, 2018	
	-·
at 1 or 1	
Signature of a member or authori	ized representative of a member

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Filing Fee: \$25.00