# 1180000 4080 1

(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:

Office Use Only



100322055351

12/20/18--01018--005 \*\*25.00

2018 DEC 20 PH 5: 24

An (Ind

JAN 0 9 2019 I ALBRITTON

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Ray Lee Painting LLC 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:				
LERCY C. Conner Name of Person				
Firm/Company				
439 Lagoon Days CR.				
Panama City Beach, Fl 32408 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Leroy CConner at (850) 319 - 3084  Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Scrifficate of Status Status Scrifficate of Status Status Scrifficate of Status Scrifficate				

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

Roylee Pain	tine LLC
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1800004080</u> 7	Company were filed on $2-14-2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	DOEC 20
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
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 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\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Franki D. Fliteroft	7329 Sunset Aul.	🗆 Add
		Panama City Beach Fr. 3241	D Remove
			🗆 Change
AMBR	Derric D. Rogers	408 Bob Little Rd.	Add
		408 Bablittle Rd. Panama City FL. 32401	□ Remove
			Change
		<del></del>	
			Remove
			🗆 Change
			🗅 Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
<del></del>			□ Add
			_□ Remove
			☐ Change

٠	
	· - · · · · · · · · · · · · · · · · · ·
Note:	five date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 18. 2018.
	Mid for a
	Signature of a member or authorized representative of a member
	1 a Cox la mar

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00