Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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to the second se

To:

Division of	Corporations
Fax Number	: (850)517-6383

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAKE SENSE PAINT LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 2 2 2021

S. PRATHER

Tallahassee, FL 32314

TO:

COVER LETTER

TO: Regi Divis	istration Se sion of Cor	ection Porations		
SUBJECT:	MAKE SE	NSE PAINT LLC		
000,000	•	Nume of Lin	nited Liability Company	,
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for liting.	
		ndence concerning this matter		
		GADZHIEV, FARID		
			Name of Person	
		MAKE SENSE PAINT L	C	
			Firm/Company	
		1450 ATLANTIC SHORE	S BLVD 307	
			Address	
		HALLANDALE BEACH,	FL 33009	
			City/State and Zip Code	
		faridgadzhiev1@gmail.com		
For further infe	ormation co	به ب	to be used for future annual report noti alt:	lication)
GADZHIEV,	FARID		754 317-0928	
	Name of	Person	at ()	c Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25,00 Fili	ing 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)
	ng Address Stration S		Street Address:	
-		ection orporations	Registration Sec Division of Cor	
	Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKE SENSUPAINT LLC		٠.	` '
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	•	-	_
(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 01/28/2019	and	: - assigne	:::: ປ
Florida document number L19000027653		Ç	Ξ_{i}
This amendment is submitted to amend the following:			; ; !
A. If amending name, enter the new name of the limited liability company here:			l
MAKE SENSIE PAINTING LLC			!
The new name must be distinguishable and contain the words "Limited Liebility Company," the designation "LLC" or the abb	eviation		;
			:
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
			i
Enter new malling address, if applicable:			i
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
Printing maters size BE A POST OF FICE BOX!			¦
			!
D. M. C. M.			į
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the	new reg	istered
agent and/of the new registered office address here.			
			į
Name of New Registered Agent:			i
New Registered Office Address:			
Enter Florida sneet address			
			į
City	Zip Ço	da	— ˈi
New Registered Agent's Signature, if changing Registered Agent:	2.42 \ 02		!
· · · · · · · · · · · · · · · · · · ·			:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree	e to co	mply w	ith the
provisions of all statutes relative to the proper and complete performance of my duties, and I am fa accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if	miliar :	with an	d ·
being filed to merely reflect a change in the registered office address, I hereby confirm that the limi	inis de Ted lin	ocumen Silino	i 15
company has been notified in writing of this change.	re er eren	erria je	
			1

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

Title	Name	Address	Type of Action
			
			GRemove
			(JAdd
			□Remove
			□Change
	-		_, 🗆 Add
			□R¢move
			FiChange
	-		
			ORemove
			□Change
		~	LiAdd
			□Romove
			□Change
			🗆 ^dd
			□Remove
			© Change

ective date, if other than the date of filing: officeive date, if other than the date of filing: officeive date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in 605.02 if the date instented in this block does not meet the applicable statutory filing requirements, this date will not be listed amount's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cartier of: (h). The 90th day after the filted. If a cold for the filted of the f	~- <u></u>	
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	ed	2021
Signature of a member or authorized representative of a member		
		Farul Gadgier

Filing Fee: \$25.00