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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>.</u>
(Document Number)	
Certified Copies Certificates of Statu	es
Special Instructions to Filing Officer:	
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05/	07/21 TM

Office Use Only



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08/19/21--01010--024 **25.00

21 HAR 19 PH 1: 00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Roger's 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:
Beth A Stoner EA Name of Person
_ CZ Tax Solutions Inc
2975 Bee Ridge Rd SteD
Sara Sota FL 34239
beth @ ez +ax Solutions. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Both A Stone (EA at (941) 923. 8290 Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

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

Street Address:
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

TYPE IN TAKE OF STATE OF CORPORATIONS

21 MAR 19 PH 1:00 ompany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L 04 DDDD 4342D This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

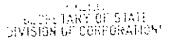
City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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>	Name	Address 21 MAR 19 PM 1:00	Type of Action
Mgr	Logan Caldwell	3913 S Shade And Saca Sota FI 34231	tcAdd
		Saca Sota FI 34231	□Remove
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an effecti lote: If	e date, if other than the date of filing: _ ive date is listed, the date must be specific and car the date inserted in this block does not mee t's effective date on the Department of State	anot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be lightly
record s I is filed.	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
ated <u>/</u> /	March 15 Des Cal	2021
	Mg Cat Signature of a men	Delection authorized representative of a member
	\sim	Palawell ped or printed name of signee

Filing Fee: \$25.00