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PICK-UP		MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: *Registration Se Division of Cor			i	•
Richard Ing	ram Painting LLC	,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Bridget Ingram			
		Name of Person		
	Richard Ingram Painting			
		Firm/Company		
	9601 N Palafox St Ste 5B			202 35
		Address		SE A
	Pensacola Florida 32534		i	SECRETURY OF STATE
		City/State and Zip Code		Y (7)
	operations@richardingramp			000 -
For further information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report noti all:	fication)	17 T
Bridget Ingram	3	850 232-9423		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres	<del></del>	Street Address:	ation	
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	•	The Centre of T	-	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 81	0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richard Ingram Painting LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	npears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed or	04/24/2024	and assigned
Florida document number L06000042567		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
RB Ingram Coatings LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
	TEC	0.24
	(7)	<b>B</b> 13
Enter new mailing address, if applicable:		1 -4-25
(Mailing address MAY BE A POST OFFICE BOX)	20	- <del>-</del>
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	<u> </u>	<u></u>
B. If amending the registered agent and/or registered office address on ou	ir records enter the name	of the many wearint
agent and/or the new registered office address here:	ir records, enter the hame	of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Florida street address	
	, Florida	
City	, r ioitua	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 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>	<u>Name</u>	Address	Type of Action
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reffective date is listed, the date n	nust be specific and cannot be prior to date of block does not meet the applicable state	filing or more than 90 days after	filing.) Pursuant to 605.020
cument's effective date on the	Department of State's records.	,,,	
	tive date, but not an affective time, at 1"	2:01 a.m. on the earlier of: (b	) The 90th day after th
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