LOJ 0000 38277

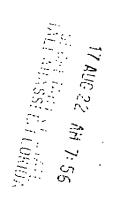
(Requ	uestor's Name)	
(Addr	ess)	
nbbA)	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer;	

Office Use Only



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COVER LETTER

	legistration Se Division of Cor			
CHID III CT	walter brov	vn painting lle		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ım all correspo	ondence concerning this matter	to the following:	
		walter l brown jr		
			Name of Person	
		walter brown painting lle		
			Firm/Company	
		po box 117		
			Address	
		lynn haven, fl. 32444		
			City/State and Zip Code	
		walterbpaint@gmail.com		
			to be used for future annual report notif	heation)
For further	information c	oncerning this matter, please co	all:	
walter bro	wn		850 819-2852 at ()	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed 1	s a check for th	ne following amount:		
□ \$25.00) 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:

TO:

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

walter brown painting, ilc		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u>s.</u>)
(
ne Articles of Organization for this Limited Liability (Company were filed on 04/10/2007	and assigned
orida document number 1.07000038277	<u></u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
ne new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		·····
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or regi		, enter the name of the
egistered agent and/or the new registered office add	dress here:	7
Name of New Registered Agent:		237 5
	•	82 N
New Registered Office Address:	Enter Florida street address	
	rnier Piorida street address	7
		orida 🚉 😽 🥛
	Сиу	Zaf 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, 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	Type of Action
AMBR	thomas larry woods	6840 peggy In.youngstown, fl. 324 66	Add
			Remove
			Change
			Add
			Remove
			Change
		·	Remove
			☐ Change
			🖸 Add
			☐ Remove
		 	Change
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		-	Change
			□ Remove
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ctive date, if other than the date offective date is listed, the date.	the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this	s block does not meet the applicable statuto e Department of State's records.	ry filing requirements, this date will not be liste
ecord specifies a dela- ne 90th day after the r		ctive time, at 12:01 a.m. on the earlie
rd	2017	
1 / 1.	1 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00