L07000106302

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

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UBJECT:	Bucks Paintin	g and Remodeling LLC · •	
ODJECT	Name of Limi	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	James W Harrell		
		Name of Person	
		Firm/Company	
	7582 John Matthews rd		
		Address	
	Milton, FLorida 32583		
	1 11 110	City/State and Zip Code	
	harrelljames44@att.net	to be used for future annual report noufice	ation)
or further information c	concerning this matter, please co		,
ames W Harrell		850 554-1576 at ()	
Name o	of Person	Area Code Daytime T	elephone Number
nclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

O:

Registration Section Division of Corporations

> Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number 1.07000106302	were filed on $\frac{03/18/2020}{}$ $\frac{16/19}{}$ and assigned
his amendment is submitted to amend the following:	
If amending name, <u>enter the new name of the limited liab</u> i	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	
nter new principal offices address, if applicable:	232) OC1
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	end the first the finance of the first register
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	, Florida
Name of New Registered Agent:	Enter Florida street address

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	<u>Address</u>	Type of Action
Auth Mernha/	Petitt, William R	8891 Bright oak Cir	□Add
		Milton FL 32583	Remove
			□Change
			□ Add
			□Remove
		·	□Change
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		\$117 - T	□ Remove
			□Change

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	st be specific and cannot be prior to date o look does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Put tutory filing requirements, this date wit	
record specifies a delayed effectivistiled.	e date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
October 08			
	1 1	7	
		. <i>AT</i>	
	Agnature of a member or authorized re	presentative of a member	
	f. Anne of a member or authorized re	presentative of a member	