# LIOCOCO 20001

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SECRETARY OF STATE
TALLAHASSEE FIGURE

JC 37,8

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: DENI	VIS G WF Name of Lim	HITE PAINT ited Liability Company	ing LC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	DENNIS	WHITE Name of Person	PAINTING LLC
	DENNIS	G WITTE Firm/Company	PAINTING LLC
		DREW DA	
	SEMIN DWHITE E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	33772 1AIL, COM
For further information co	oncerning this matter, please ca	all:	
DENNIS Name of	WHITE Person	at (727) 48/ Area Code Daytime	C Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fce	□ \$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: 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

DENNIS G (Name of the Limited I	WHITE	PAINTING	LLC
(Name of the Limited I	Liability Company as it now a Florida Limited Liability Compa	ppears on our records.) any)	
		n 2/27/2010	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability compar	<u>1y here</u> :	
The new name must be distinguishable and contain the words	registered office address on our records, enter the name of the new		
Enter new principal offices address, if applicabl	e:		<u> </u>
(Principal office address MUST BE A STREET A	(IDDRESS)		
			<u>.</u>
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<del></del>
	<del></del>		٠ ﴿ رُورُ
R If amending the registered agent and/or	registered office addres	s on our records enter	the name of the new
		s on our reported trees.	r-11
			発急 の
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:			
	adment is submitted to amend the following:  Indian name, enter the new name of the limited liability company here:  In me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  In principal offices address, if applicable:  In office address MUST BE A STREET ADDRESS)  In mailing address, if applicable:  In address MAY BE A POST OFFICE BOX)  In agent and/or the new registered office address on our records, enter the name of the new registered office address here:  New Registered Office Address:  Enter Florida street address  Enter Florida street address		
_	<del></del> .	, Florida	
	City		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 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 Address Type of Action Name MGR CALEB GASWAY 3258 ADRIAW AVE DAD \_□ Change □ Add ☐ Remove \_□ Change \_□ Add DEC Change
Change ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

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Effectiv	e date, if other than the date of filing: $\frac{12/5/18}{}$ (optional)	
lf an effe <u>Note:</u> 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
docume	nt's effective date on the Department of State's records.	
		c of:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	OI.
The	90th day after the record is filed.	. 01.
The		01,
The	90th day after the record is filed.	OI.

Page 3 of 3

Filing Fee: \$25.00