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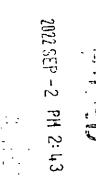
(Requestor's Name)	
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PICK-UP WAIT M	IAIL
(Business Entity Name)	
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Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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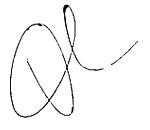
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor		•	
eum iez	ALL COU	NTIES PAINTING, LLC	•	•
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		STEVE LANDIS		
		•	Name of Person	
		ALL COUNTIES PAINTI	NG, LLC	
	Name of Person ALL COUNTIES PAINTING, LLC Firm/Company 4341 SW 73RD TERRACE Address DAVIE, FL 33314 City/State and Zip Code allcountiespainting@gmail.com		<u> </u>	
		4341 SW 73RD TERRAC	E	•
			Address	·
		DAVIE, FL 33314		- ·
			City/State and Zip Code	·. ·
				•
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please c	all:	
STEVE	LANDIS		954 4458033	
	Name o	f Person	at () Area Code Daytime 1	l'elephone Number
Enclosed	I is a check for th	he following amount:		/
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Sect Division of Corpo	
	P.O. Box 632	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

ALL COUNTIES PAINTING, LLC			22 5
(Name of the Limit	d Liability Compan A Florida Limited Li	y as it now appears on our re- ability Company)	cords.)
			and assigned 4 I
This amendment is submitted to amend the following	wing:		ည်
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	STEVE LANDI	s	
New Registered Office Address:	4341 SW 73RD	TERRACE	
		Enter Florida street aa	ldress
	Ame of the Limited Liability Company as it now appears on our records.) A Florida Limited Liability Company (A Florida Limited Liability Company) his Limited Liability Company were filed on 08/10/2010 and assigned 20091524 amend the following: and contain the words "Limited Liability company here: and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." ress, if applicable: BE A STREET ADDRESS) pplicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered office address here: and Agent: STEVE LANDIS	. Florida <u>33314</u>	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GEORGE TERWILLIGER	1430 MARSEILLES DRIVE	□Add
		MIAMI BEACH, FL 33141	■Remove
			□Add
			□ Reinove
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			🗖 Remove
			Change

Mective date, if other than the date of filing: (optional) (an effective 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 605.0207 (are effective date is instead, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as locument's effective date on the Department of State's records. (optional) (are effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. (are effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.			
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MINIC. A. WALLE			r the
MIBIA. A. WAAA c	ated	AUGUST 29. 2022.	
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Steve Landis			