# 111000079034

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### **COVER LETTER**

	gistration Sec cision of Corp			
CHRIST		ERS PAINTING,LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclose	d Articles of 7	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspor	idence concerning this matter t	o the following	
		MICHAEL LO SANDERS	5	
			Name of Person	
		M.J. SANDERS PAINTIN	G, LLC	
			Firm-Company	
	6015 MYRTLE HH.L DR. W			
			Address	
		LAKELAND, FL 338311		
		-	City State and Zip Code	
		mjspaints@yahoo.com		
			o be used for future annual repor	t notification)
For further i	nformation co	meerning this matter, please ca	H:	
Michael Sa	nders		863 709-59	88
	Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,001	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 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

M.J. SANDERS PAINTING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on [JULY 11, 2011]. and assigned Florida document number 1.11000079034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL T SANDERS	6015 MYRTLE HILL DR. W	<b></b> Add
		LAKELAND, FL 33811	Remove
			☐ Change
		☐ Remove	
			Change
			Remove
			Change
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			Ω Change
			□ Remove
			Change

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ffective date, if other than the d	ate of filing: JUNE 20, 2017	(optional)
		or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ocument's effective date on the Dep		
e record specifies a delayed (	effective date, but not an effectiv	ve time, at 12:01 a.m. on the earlier o
The 90th day after the recor	d is filed.	<del></del> 22
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JUNE 20 Dated	2017	AP JUR W
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	much Ja han	<del></del>
3	gnature of a member or authorized represent	·— , ,   ••••   • • • • • • • • • • • • •
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Typed or printed name of signee

Filing Fee: \$25.00