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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

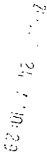
Office Use Only



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R. WHITE FEB 20 2020



COVER LETTER

TO: R	egistration Se ivision of Co	ection rporations	·	·
SUBJECT	¬_	DERS PAINTING, LLC		•
SOBSECT.	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		MICHAEL J. O. SANDER	RS	
			Name of Person	
		M. J. SANDERS PAINTII	NG. LLC	
			Firm/Company	
		6015 MYRTLE HILL DR	W	
			Address	
		LAKELAND, FL 33811		
			City/State and Zip Code	
		mjspaints@yahoo.com		
For further	information c	oncerning this matter, please c	to be used for future annual report no all:	onitication)
Michael Sa	inders		863 709-5988	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	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)
	ailing Addres		Street Address:	
	egistration S	Section orporations	Registration S	
	O. Box 632		Division of Co	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 villorida document number Li1000079034	were filed on JULY 11, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbi	eviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	ALL LANGE PROP	.
New Registered Office Address:	Enter Florida street address	
	, 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 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>	<u>Address</u>	Type of Action
AMBR	MICHAEL TRENT SANDERS	6015 MYRTLE HILL DR W	□Add
		LAKELAND, FL 33811	■Remove
			□Changc
			□Add
			□Remove
			□ Change
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Effective date, if other than the day an effective date is listed, the date must be a listed. The date inserted in this block locument's effective date on the Dep	be specific and cannot be k does not meet the ap artment of State's reco	ords.	y filing requiremen	ts, this date will not b	e listed as
		ve time, at 12:01	a.m. on the earlier	of: (b) The 90th day	y after the
record specifies a delayed effective of is filed.	date, but not an effecti			on (b) the your da	
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Filing Fee: \$25.00