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COVER LETTER

	Division of Corporations		
en	Vice Painting LLC		
SU	JBJECT: Name of Lir	nited Liability Company	
The	ne enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Ple	ease return all correspondence concerning this matter	r to the following:	
	Stephanie Nation Vice		
		Name of Person	
	Vice Painting LLC		
		Firm/Company	
	5401 S Kirkman Road, St	uite 310	
		Address	
	Orlando, Ft. 32819		
	snation@live.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti	fication)
For	or further information concerning this matter, please of	call:	
	Matthew Vice	ar (407) <u>409</u>	1-3076
	Name of Person	Area Code Dilyum	e Telephone Number
Enc	nclosed is a check for the following amount:		
	S25.00 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)

MAILING ADDRESS:

TO:

Registration Section

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 :

FILED Vice Painting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATEED assigned TALLANASSEE. FLORIDA Florida document number L12000119368 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 ne registered agent and/or the new registered office address here: Stephane Nation Vice Name of New Registered Agent: 5401 S Kirkman Road, Suite 310 New Registered Office Address: Enter Florida street address _. Florida 32819 Zip Code Orlando Cuv

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Charles S Vice	5401 S Kirkman Road, Suite 310 Orlando, FL 32819	
			■ Remove
			☐ Change
MGRM	Sheila P Vice	4236 Benson Pike Shelbyville, KY 40065	Add
			Remove
			☐ Change
MGRMP	Matt Vice	5401 S Kirkman Road, Suite 310 Orlando, FL 32819	■ Add
			Remove
			☐ Change
MGRMS	Stephanie Nation Vice	5401 S Kirkman Road, Suite 310 Orlando, FL 32819	
			Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

	
	
	
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ffective date, if other than the date of filing:	
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	e earlier of
Dated 7-115-19	
Signature of a member or authorized representative of a member	
Matt Vice Typed or printed name of signee	
Typed or printed name of signee	

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Filing Fee: **\$25.00**