12000129033

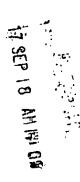
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K. SALY SEP 1 9 2017

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	FRITZ HAU	JG PAINTING LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		FRITZ HAUG		
			Name of Person	
			Firm/Company	
		PO BOX 3402		
			Address	
		MILTON, FL 32572		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
FRITZ HAU	JG		850 687-8767	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

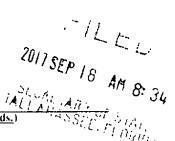
Registration Section

TO:

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



FRITZ HAUG PAINTING LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

,,,,	,,,	$\sim 100 Gm_{\odot}$
The Articles of Organization for this Limited Liabili Florida document number L12000129033	ty Company were filed on OCTOBER 9, 20	and assigned
Torida document number	 `	
This amendment is submitted to amend the following	g:	
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	, F)	lorida
	City	

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>	<u>Address</u>	Type of Action
MGRM	KEVIN KING	111 4TH ST	Add
		NICEVILLE, FL 32578	Remove
			☐ Change
			Add
			☐ Remove
			Change
			G Addp
			Addp GRemove 3
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			Add
		 	Remove
			☐ Change

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fective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	es not meet the app	dicable statutory filir	(optionore than 90 days after the grequirements, this	nal) liling.) Pursuant to 605,0207 date will not be listed as
record specifies a delayed effec The 90th day after the record is		not an effective	time, at 12:01 a	.m. on the earlier of
ated				
	1/2- 1/2	to thorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00