L12000155334

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

MAY 2 0 2020

I ALBRITTON

COVER LETTER

Registration Section

Division of Corporations

TO:

Tom Orban	Painting LLC	·	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Orban		
		Name of Person	
	Tom Orban Painting LLC		
		Firm/Company	
	1330 Rail Head Blvd #3		
		Address	
	Naples, Fl. 34110		
		City/State and Zip Code	
	tom@tomorbanpainting.coi		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
Tom Orban		239 450-0465	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25,00 Filing Fec	■ \$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		Street Address:	otion
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	-
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tom Crban	PaintingLLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number L12000155334	vere filed on Dec. 12, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "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 ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

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
ма	CRobert Orban	806 103rd Ave. N.	Add
	-	Naples, Fl. 34108	□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
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			□Add
			□Remove

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effective date e: If the date	if other than the datis listed, the date must be inserted in this blocketive date on the Department	specific and cannot does not meet the	e applicable statut			
cord specifies s filed.	s a delayed effective d	ate, but not an effo	ective time, at 12:	01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
ed April 29,	\sim	2020	0 / .			
-	1/					

Typed or printed name of signce