L13000086192

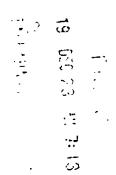
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300338292813

12/23/19--01029--026 **25.00



JAN 2 8 2020 S. YOUNG

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	My Dent Name of Limi	6 Uy PAINTLE	is Dent repair LLL
The enclosed Articles of Art	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	C.	Mis CONA Name of Person	
		ONG LAW Firm/Company	_
	3185 A	TIPULT ROAD	Sv.to C
		floride 341	
	•	CHIMS Dents to be used for piture annual de	
For further information con	cerning this matter, please ca	ail:	
(Mis	Conn	at (2.79)	116 - 1/67 Daytime Telephone Number
ranic or r	CISOH	Area Code	Daytine releptione Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati Division o P.O. Box	G ADDRESS: ion Section of Corporations 6327 ce, FL 32314	Registration Division of Clifton Bui 2661 Execu	Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M. Dont Cours	Par Ater Do + renair 11/5
(Name of the Limited Liability Coring (A Florida Limited	PAINHEIS Dent Sepais LUCS Pany as it now appears on our records. Clability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/300086152</u> .	y were filed on $\frac{b/l b/l 3}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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 or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	oris Cona Esy C/O Cona LAW 185 Airport Road, STE C
New Registered Office Address:	185 Ailport Road, STE C Enter Florida street address
N	Florida 7405 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 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>	Address	Type of Action
		-	□ Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
	 		
			Remove
			Change
			<u></u> □ Add
			□ Remove
			Change
			Add
			□ Remove
			Change

_	
•	
_	
(If an effectiv Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	December 16. 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00