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(Re	equestor's Name)	<u>. </u>
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Villian Corre Name of Lim	11 Painting Lited Liability Company	.LC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BeH.	Y Corvell Name of Person	
	Willian	Correll Paints	ng LLC
	24081	Varce Terrace	
	Port a	City/State and Zip Code	3981
	E-mail address: (to be used for future annual report notif	ahoo. Com
For further information	concerning this matter, please co		
BeH Name	or Corve(at (443) 844- Area Code Daytime	Name of Person YCH Painting UC Firm/Company Category Address Letter Flace State and Zip Code Led for future annual report nonlineation) at (443) 844-6569 Area Code Daytime Telephone Number \$55.00 Filing Fee & \$60.00 Filing Fee.
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Sec Division of Corp The Centre of To 2415 N. Monroe	porations : allahassee

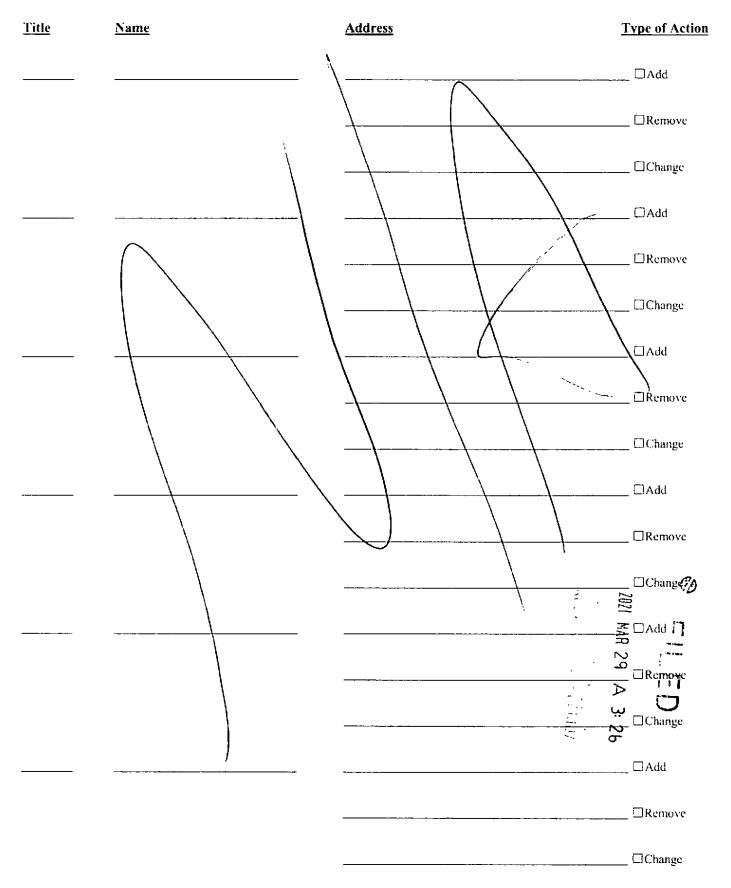
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

William Correll Pa	untine LLC
(Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v	y as it now appears on our records.) ability Company) OCIS INCL - September 16, 2013 or Nest recentury
The Articles of Organization for this Limited Liability Company v	were filed on January 13, 2021 and assigned
Florida document number <u>L 13 006 13 07 23</u> .	O
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2408 Vance Terrace
(Principal office address MUST BE A STREET ADDRESS)	Port charlotte, FL33981
Enter new mailing address, if applicable:	2408 Vance Terrace
(Mailing address MAY BE A POST OFFICE BOX)	Aurt Charlotte, FL 33981
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zin Code
New Registered Agent's Signature, if changing Registered Agent:	29 :
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pobeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.SOr, if this document is

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



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Effective date, i	if other than the date of filing:(optional)	
Note: If the date	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.0207 be listed as
document's effec	ctive date on the Department of State's records.	Q
e record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90 HE day	y afterythe
rd is filed.	R 29	***
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Dated Ma		3
Dated <u>Ma</u>	Koth Gull	9

Filing Fee: \$25.00