## 1300/33862

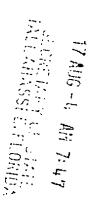
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	<del>.</del>
Certified Copies		
Special Instructions to	Filing Officer:	
		<u> </u>

Office Use Only



900301862189

08/04/17--01018--022 \*\*30.00



AUG 0 7 2017

J SHIVERS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

THOMAS	PAINTING & PRESSURE W.	ASHING, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		TERRENCE DAVIS	
		Name of Person	
	THOMAS PAINT	ING & PRESSURE WASHING, L	LC.
		Firm/Company	
		4452 CROOKED CT	<del>_</del>
		Address	
		CKSONVILLE, FL. 32257	
		City/State and Zip Code info@thomasppw.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	;
TERRENC		904 337-8997 at ()	
Name	of Person	Area Code Daytim	ne Telephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMAS PAINTING & PRESURE WASHING, LLC.

( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on and assigned
Florida document number L13000133862	
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	ORESS)
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	3.2.
New Registered Office Address.	Enter Florida street address
	Florida F
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.
	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:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGM	TERRENCE DAVIS	4452 CROOKED OAK CT.	
		JACKSONVILLE, FL 32257	□ Remove
			Change
MGR	FREDDIE DAVIS, JR.	5111 SOMERTON CT.	■ Add
		JACKSONVILLE, FL 32210	!   □ Remove
			□ Change
			□ Remove
			☐ Change
			D Add
		<del></del>	□ Remove
			Change
			l □ Remove
			□ Change
			<u> </u>
			□ Remove
			□ Change

· · · · · · · · · · · · · · · · · · ·	·
	·
	<u> </u>
<del></del>	•
	· · · · · · · · · · · · · · · · · · ·
	1
	17 ALE - 32.6
	AUG NG I AHA
	SS +
	1.0 æ
AUGUST 1, 2017	1
ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filing or more te:  If the date inserted in this block does not meet the applicable statutory filing resument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605 equirements, this date will not be list
record specifies a delayed effective date, but not an effective time the 90th day after the record is filed.	e, at 12:01 a.m. on the earli
ed August DO17.	
U(1)U(1)U(1)	a member
Signature of a member or authorized representative of a	
Signature of a member or authorized representative of a  BRIAN DAVIS  Typed or printed name of signee	1

Filing Fee: \$25.00