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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Ocal	la Faux I	Finish LLC		
50BJEC1:		Name of Limi	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespon	dence concerning this matter	to the following:	
		Thomas Wernz		
		Ocala Faux Finish LLC	Name of Person	
		3341 NE 135th St	Firm/Company	
		5547 (N), 15,000 dt	Address	
		Anthony, FL 32617	City/State and Zip Code	
		ocalafauxfinish@gmail.com E-mail address: (1	- · · · · · · · · · · · · · · · · · · ·	cation)
For further inform	nation co	ncerning this matter, please ea		·
Thomas Wernz			352 209-5572	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a chec	ek for the	e 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

MAILING ADDRESS:

Registration Section Division of Corporations

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

Ocala Faux Finish LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u></u>
he Articles of Organization for this Limited Liability Company v	vere filed on 9/24/2013	and assigned
lorida document number L13000135072		
his 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	ty Company," the designation "LLC" or the abbrevia	tion "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)		2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		name or the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zii	n 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>	<u>Address</u>	Type of Action
AMBR	Marc Lane	7548 SE 135th St Summerfield, FL 34491	≅ Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
		<u></u>	Add
	•		□ Remove
			Change
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		101		
Affective date, if other than the d	ate of filing:		(optional)	
Effective date, if other than the d I an effective date is listed, the date must b Note: If the date inserted in this bloc	e specific and cannot be prior k does not meet the applic	to date of filing or more that the statutory filing rec	ian 90 days after filing.) Pur juirements, this date will	suant to 605.029 not be listed a
locument's effective date on the Dep	artment of State's records			
e record specifies a delayed ϵ The 90th day after the recor	effective date, but no d is filed.	ot an effective time	, at 12:01 a.m. on	the earlier
·	o is inca.			
Dated September 25th	2019			
		_		
	gnature of a member or auth	and and management and the contract of		•

Page 3 of 3

Filing Fee: \$25.00