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COVER LETTER

SUBJECT: R&	C Custom Pa Name of Limit	ed Liability Company	e Services LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	George	Name of Person	· ·•-
	R+C Custo	m Painting + Hon Firm/Company	ne berview LLC
	22331	Overlook d	ir.
	Panama C	City/State and Zip Code	1. 32413
	Chenyl, 3 n E-mail address: (to	o be used for future annual report	notification)
For further information co	ncerning this matter, please ca		
Chen Name of	yl Sm.Th. Herson	at (<u>450)</u> <u>Le</u> Area Code Day	30-7807 time Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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:

TO:

Registration Section
Division of Corporations

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

(Name of the Limited L. (A F	iability Company as it now appears on our plorida Limited Liability Company)	ocords.)
The Articles of Organization for this Limited Liabil	•	og / 2013 and assigned
Florida document number <u>L 13000 1419</u>	79.	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
30 Amen LLC		
The new name must be distinguishable and contain the words	4	
Enter new principal offices address, if applicable	: <u>N/A</u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	~ /A	, , , , , , , , , , , , , , , , , , ,
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		
	,	
Name of New Registered Agent:	N/A	를 하
New Registered Office Address:	Enter Florida street	address
		Flacida
-	City	, Florida 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 or removed from our records:				
MGR= M AMBR= A	anager uthorized Member	NA		
Title .	<u>Name</u>		<u>Address</u>	Type of Action
				□ Add
				☐ Remove
			the state of the s	
				Add
				□ Remove
				☐ Change
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Filing Fee: \$25.00