L140000 79167

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scott Harte Party ULL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Scott Hartle Name of Person
Scott Harth Painting CLC Firm/Company
1052 Harding Auc.
City/State and Zip Code Har Hichamelmor wan ents @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Halte at (663) Sto-3319 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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Name of the Limited Liability Compa (A Florida Limited)	Ciability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/15/1019 and assigned
Florida document number <u>L14000079167</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity 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)	1057 Harding Ale. lake wates for 33853
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	David Lecthartle	1057 Harding Ave. lakeworks, 33853	.FI 14 Add
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note:	tive date, if other than the date of filing: 2/22/8 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier o	f:
Dated	February Int. 2018.		
	Signature of a member or authorized representative of a member		
	David South Harte Typed of printed name of signee		

Page 3 of 3

Filing Fee: \$25.00