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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Scott Hartle Painting UC 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:
Scott Hartle Name of Person
Scott Hortle Painting (LC)
LOSZ Harding Ave. Address
Cake World F1. 33853 City/State and Zip Code Hartlehome My overneut @ Comail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Harte at (863) S10-3319 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

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

Scott Hartle	'Kainting LLC	
(Name of the Limited Liat (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L14000079167</u>		2014 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent agent and/or the new registered agent	gistered office address on our records	[*] <u></u>
TOTAL OF THE PARTY		
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street address	7
	City, Flo	orida 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

	Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each person being added
MGR = M AMBR = A	lanager uthorized Member	
<u>Title</u>	Name	Address Type of Action
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