## 14000162378

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Division of Cor				
SUBJEC	John J S	Schreiner Painting LLC			
SUBJEC	*•	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		John J Schreiner IV	•		
			Name of Person		•
		John J Schreiner Pa	ainting LLC		
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>	•
		1627 Anniston Aver	nue		
			Address		
		Holly Hill FL 32117			ं े जि
			City/State and Zip Code		<b>一点</b>
		johnschreinerpaintin	gllc@yahoo.com to be used for future annual report	notification)	12 G
For furthe	r information c	oncerning this matter, please of	·	nouncationy	
John S	chreiner		386 566-72	221	## H: 38
	Name o	f Person		ytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John J Schreiner Painting LLC		
( <u>Name of the Limited Llabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability C	ompany were filed on 10/17/2014	and assigned
Florida document number L14000162378	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
		第二
		T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		:: w
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	ss
		14.3.
	, FI	lorida 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tim Powell	1625 Anniston Avenue	Add
		Holly Hill, FL	☐ Remove
		32117	
			□ Add
			□ Remove
			<u> </u>
<del></del>			□Ādd
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2015		
ine TV		
member or authorized rep	resentative of a member	
Typed or printed name o	signee	
		7.5
	2015 www	late of receipt or filed date and cannot be more than 90 ent of State)  2015

Page 3 of 3

Filing Fee: \$25.00