L 14000180236

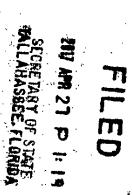
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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04/27/17--01011--004 **60.00



D. BRUCE MAY 01 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Astemis Par Name of Limite	d Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
Benan	Name of Person	<u> </u>
Artenis	Painting 14	<u></u>
JOHI W. B	Brandon Blvd. Address	
Brandon	F_1. 335// City/State and Zip Code	
benandary E-mail address: (to	temis Ptg. CoM. be used for future annual report notification	on)
For further information concerning this matter, please call	:	·
Benan Sanlier Name of Person	at (<u>813</u>) <u>299-97</u> Area Code Daytime Telo	ephone Number 2
Enclosed is a check for the following amount:		SEE SEE
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fing Fee, Certify of Status & Certify opy (additional copy.)

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

The Articles of Organization for this Limited Liability Company were filed on _____________________________and assigned Florida document number <u>L14000180236</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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) B. If amending the registered agent and/or registered office address on our records, ex registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Beattie, Gabriel	1041 W. Brandon Blue Brandon, Fl. 33511	d □ Add
		Brandon, Fl. 33511	Remove
			Change
			Add
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			Add
			□ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets		~
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	SE 32	*
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	SA N	.u.j
	To To	
		<u></u>
E. Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 on Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	days after filing.) Pursuant to ents, this date will not be	o 605.0207 (3)() e listed as the
If the record specifies a delayed effective date, but not an effective time, at 1 (b) The 90th day after the record is filed.	.2:01 a.m. on the e	arlier of:
Dated $3/20/$ $20/7$		
Signature of a member or authorized representative of a member	rr	_
BENAN SANJER. Typed or printed name of signee		-

Page 3 of 3

Filing Fee: \$25.00