114000/80236

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COVER LETTER

	Registration Sec Division of Corp	
SUBJEC		PAINTING LLC.
000020		Name of Limited Liability Company
The encle	osed Articles of A	Amendment and fee(s) are submitted for filing.
Please re	turn all correspoi	ondence concerning this matter to the following:
		BENAN SANLIER
		Name of Person
		ARTEMIS PAINTING LLC.
		Firm/Company
		6528 US. HWY. 301 SOUTH
		Address
		RIVERVIEW, FLORIDA, 33578
		City/State and Zip Code
		benan@artemisptg.com
		E-mail address: (to be used for future annual report notification)
For furth	er information co	oncerning this matter, please call:
Benan S	Sanlier	813 304-1606
	Name of	f Person Area Code Daytime Telephone Number
Enclosed	is a check for the	ne following amount:
■ \$25 .0	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 Tailahassee, 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**

ARTEMIS PAINTING LLC.				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Con Florida document number L14000180236	mpany were filed on 7/11/2	018	and assig	ned
This amendment is submitted to amend the following:		/		
A. If amending name, enter the new name of the limite	ed liability company here:			
N/A				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abb	reviation "L.l	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>:SS)</u>			2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JUL 13 AM 10: 37	FILED STATE
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		r records, <u>enter t</u>	he name of	f the nev
Name of New Registered Agent:				
New Registered Office Address				
	Enter Florida s	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:			
New Registered Agent's Signature, if changing Registered A	•		zap code	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	BARLOW, CHRISTOPHER	6528 us. hwy 301 south	■ Add
		Riverview , Florida, 33578	☐ Remove
			Change
			☐ Add
		•	Remove
			Change
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	07/11	/2018			
ctive date, if other than the	e date of filing:		Cfiling or more than	(optional)	Pursuant to 605 f
e: If the date inserted in this iment's effective date on the	plock does not meet the a	applicable stat	utory filing requi	rements, this date w	ill not be listed
ecord specifies a delaye	ed effective date, bu	ut not an ef	fective time,	at 12:01 a.m. or	n the earlier
ne 90th day after the re	cord is filed.				
07/11 ed	2018		/ /		
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Typed or printed name of signee

Filing Fee: \$25.00