L15000010987

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	H	EE/AN SE	RVICES I	VC.
. The enclosed Articles of Ame	endment and fee(s) are subj	mitted for filing.		
Please return all corresponder			5	
-	Jasor	Name of Person		20 JUN 5 74 2:28
<u> </u>	South Florid	CPC(inting) Spe	cialist LLC	5: 2°
-	1530 Canal	Address		
	Lake Wor Tason Aspar	The FL 33467 City/State and Zip Code in Fing Special 15 o be used for luture annual report notifi	to Com	
For further information conce	rning this matter, please ca	ill:		
Danielle	telan	at (501) 346 Area Code Daytime	e Telephone Number	
Enclosed is a check for the fo	Howing amount:			
\$25.00 Filing Fee	l \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

20 July 2 Ch 22 28 iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 150001098 F 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 Hiability Company," the designation "LLC" or the abbreviation "LLC" 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, enter the name of the new 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

. Florida

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe l <u>ote:</u>	ve date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	10/3/3030
	Signature of a member or authorized representative of a member
	Huson Heelan

Filing Fee: \$25.00

t ·
To whom it may concern:
No intention of revoking the dissolution and therefore to release the name for use to another entity.
Change name from:
Heelan Services LLC - L15000010987 to South Florida Painting Specialist LLC L19000124574
Please feel free to contact me directly with any questions you may have:

Thank you.

Danielle Heelan – 561-346-0740

06/01/2020

Danielle