L15000019464

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Solution of Co.	ection rporations	
Regent Pai	inting, LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Connic Siegman	
	Name of Person	
	Regent Painting, LLC	
	Firm/Company	
	10780 Hatcher Street	
	Address	
	Milton, FL 32583	
	City/State and Zip Code	
	conniesiegman@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Connie Siegman	907 347-8238 at ()	
Name o	of Person Area Code Daytime Telephone Number	-
Enclosed is a check for t	the following amount:	
■ \$25.00 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)	atus &

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

Regent Painting, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Torida document number <u>L15000019464</u> .	pany were filed on $\frac{01/22/2015}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I.	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 ADDRESS	5)	ب ب ب
inter new mailing address, if applicable:		10.5
Mailing address MAY BE A POST OFFICE BOX)		M
TWING THAT ESS NATT THE TIT OUT OF THE BOXY		,
	The second secon	
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		سيار والماران الماران
New Registered Office Address:	•	
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	City , Florid	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 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
AMBR	Jason Harp	5690 Belandtuille Rd	■ Add
		Milton, FL 32570	Remove
			Change
			☐ Add
			☐ Remove
	, ·		Change
1.100.48.60	444		
			☐ Remove
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	,	03/23/2017			
ective date, if other than	the date of filing:			(optional)	
n effective date is listed, the date te: If the date inserted in thi	must be specific and car s block does not mee	nnot be prior to date it the applicable s	of filing or more than 9 tatutory filing require	0 days after 11fing.) I ments, this date w	ursuant to 605.029
cument's effective date on the			minory ming require	monthly this date w	III IIOV DO IIIIOU V
record specifies a dela	ved effective dat	e but not an	effective time at	12:01 a m o	n the earlier
The 90th day after the		e, but not un	circuite time, at	12.01 0	Tare carrier
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ted March 3rd	3	2017			
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	1// 1		representative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00