L150000 19464

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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
CUB	Regent Pair	nting LLC		
SUB	JECT:	Name of Limi	ted Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Connie Siegman		
			Name of Person	
		Regent Painting LLC		
			Firm/Company	
		10780 Hatcher Street		
			Address	
		Milton, FL 32583		
			City/State and Zip Code	
		regentpaintinglle@gmail.co	m o be used for future annual report notifi	cation)
For fi	urther information co	oncerning this matter, please ca	•	•
Conr	nie Siegman		850 716-4139	
	Name o	f Person		Telephone Number
Enclo	osed is a check for th	ne following amount:		
≘ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

`	d Liability Company as it now appears on our records A Florida Limited Liability Company)	SCE. FLORIDA
The Articles of Organization for this Limited Lia Florida document number L15000019464	bility Company were filed on 01/22/2015	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
	<u></u>	
	(OX)	
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records.	, enter the name of the
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records.	, enter the name of the
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records.	enter the name of the
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records.	, enter the name of the
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records.	
	r registered office address on our records. ice address here: Enter Florida street address	

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>	<u>Address</u>	Type of Action
AMBR	Jason Harp	5690 Belandtuille Rd	
		Milton, FL 32570	■ Remove
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ctive date, if other than th	e date of filing: 11/16/2017	(optional)
effective date is listed, the date m	ust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing reco	han 90 days after filing.) Pursuant to 605.03
	Department of State's records.	direments, and date will not be fisited
	ed effective date, but not an effective time	, at 12:01 a.m. on the earlier
e 90th day after the re	cord is filed.	
November 16	2017	
d	, 2017	

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Typed or printed name of signee

Filing Fee: \$25.00