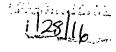
# L15000069456

(Re	questor's Name)	<u>-</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400280665754



01/11/16--01048--005 \*\*60.00



## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SHARP'S PAINTING OF JAX, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn Harper Name of Person
Sharp's Painting Firm/Company
328 Ramey Road
Franklin, NC 28734  City/State and Zip Code
Sharper 928 Clahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shaun Harper at 904 838-6006  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status &

#### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

car d den

16 JAN 1 LAM 11: 20

SHARD'S PAINTIN	G OF JAX, ELC:				
(A Florida Limited Lablity Compa	ny as it now appears on our records (ETARY OF STATE Liability Company)  TALLAHASSEE FLORIDA				
The Articles of Organization for this Limited Liability Company Florida document number <u>L15 0000 69456</u>	were filed on March 30, 2015 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil SHARP'S PA  The new name must be distinguishable and contain the words "Limited Liabil"	INTING, LLC				
Enter new principal offices address, if applicable:	328 Kamey Hoad				
(Principal office address MUST BE A STREET ADDRESS)	tranklin, NC 28734				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	328 Ramey Road Franklin, NC 28734				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new				
Name of New Registered Agent:	<del></del>				
New Registered Office Address:	Enter Florida street address				
	enier r ioriaa sireei aaaress				
<del></del>	, Florida City Zip Code				
Name Destructed Assert Clause 16 L. D. C.	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I further agree to comply with the				

If Changing Registered Agent, Signature of New Registered Agent

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 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** SHAUN CHARPER 328 RAMEY ROAD DAD FRANKLIN, NC 28734 Change MGR ASHLEY K HARPER 328 RAMBY ROAD DAD FRANKLIN, NC 28734 Remove Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change

· · · · · · · · · · · · · · · · · · ·	•	<del></del>						
		,t						
								<del></del>
			·			··· · · · · · · · · · · · · · · · · ·		
		<del></del>	,	<del></del>		-		<del></del>
				·				
· · · · · · · · · · · · · · · · · · ·		·						
						<del></del>	<del> </del>	<del></del>
			··•				PE 6	
							Fr: 2	21%
							ASS.	- 4
							HQ.	£ .
							F ST	= 1
		<del></del>					20 E	20
							₽	
ective date, if other n effective date is listed, the te: If the date inserted cument's effective date	he date must be specif I in this block does	fic and canno not meet th	it be prior to d ne applicable	ate of filing or	more than 90 d	_ <b>(optional</b> ays after filin nts, this dat	g.) Pursuant to	605.02 listed
record specifies a he 90th day after	delayed effecti the record is fi	ive date, iled.	but not a	n effective	time, at 1	2:01 a.m	on the ea	arlier
ed JANUAR	24 7th		2016	1				
.cu <u> </u>			. 1 1	4 1				
icu <u>Orac v</u>	Signature	of a member	r or authorize	ed representati	ve of a member	1		

Page 3 of 3

Filing Fee: \$25.00