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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Rollin ON Paint	SERVICE	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	500	ott Gedeow	
		Name of Person	
	-	Firm/Company	
	245	- Fulton None	ty D.
		Address	
	CROWFOR	2D Wille Fl. 3 City/State and Zip Code	23337
		City/State and Zip Code	
	FS/110H	1.5 COTT & 6 MAIL to be used for future annual report notif	*Torrison
		·	eation)
For further information of	concerning this matter, please co	all:	
SCOT	-5 GEGEON	at (850) 556 Area Code Daytime	-3603
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

Rollin on Paint Ser	wice	
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/5000086535</u>	were filed on 5-18-3015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or the	abbreviation "L.L.C "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		- ·
(Frincipal office didress MOST BE A STREET ADDRESS)		200
Enter new mailing address, if applicable:		SEP TR
(Mailing address MAY BE A POST OFFICE BOX)		- T
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		က င် r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Placida	
	, Florida	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>	Name	Address	Type of Action
mgr	Oscar Rodriguez	4723 RUHENIARD 32305	Add
		tallatingre Fl	Remove
			Change
			
			□ Remove
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			Change

, ir an.	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· ·
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	9-18-19
	Signature of a member of authorized representative of a member
	Typed or printed name of signee