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(Re	questor's Name)	
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NOV 0 6 2015 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Fine touch Painting LLC Name of Limited Liability Company	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Valentina N Mashkov Name of Person	
	Fine touch painting LLC	
	4265 Lyanana Dr Address	SECOND TO
	Sara sota FC 3424/ City/State and Zip Code Val Mathkav @ amplial report notification) E-mail address: (to be used for future annual report notification)	N-5 PH 2:5
For fu	rther information concerning this matter, please call:	SA U
-	Oleg Mashkov at (941) 266 9465 Name of Person Area Code Daytime Telephone Number	
V	alentina Mashkov (941) 544-1188	
Enclos	sed is a check for the following amount:	
X \$2	25.00 Filing Fee \$\times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	of Status &

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

linting LLC
as it now appears on our records.) bility Company)
vere filed on 10-8-15 and assigned
,
ty company here: NA
Company," the designation "LLC" or the abbreviation "L.L.C."
<u> </u>
ce address on our records, enter the name of the new
g v Mashkov
Enter Florida street address City Florida Florida FL 3 424 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 = Ma AMBR = Au	nager thorized Member					
<u>Title</u>	<u>Name</u>		Address		T	pe of Action
MGR	Parson,	Jonathan	7 410	52nd	Ave Pl	West Add
	Parson,		Bradent	on, A	34205	Remove
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ective date, if other than the date of filing:	(optiona	al) 🍱 🗸	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day te: If the date inserted in this block does not meet the applicable statutory filing requirement current's effective date on the Department of State's records.	iys after fili nts, this da	ing.) Pūrsua ate willing	int to 605.026 it be disted a
record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m	n. on the	e earlier :
he 90th day after the record is filed.			
ted			
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	, a /		

Page 3 of 3

Filing Fee: \$25.00