## 115000210835

Requestor's Name)	
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☐ WAIT	MAIL
Business Entity Name)	
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Certificates of s	Status
to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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**3 MASON** 

## **COVER LETTER**

TO:

Registration Section

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

Division o	f Corporations		
SUBJECT:	The Painted Known Name of Limit	OF LLC ted Liability Company	
The enclosed Articl	es of Amendment and fee(s) are subm	nitted for filing.	
Please return all cor	rrespondence concerning this matter t	o the following:	
	Kerrilyn	Name of Person	any reldman
	The Painted	Kn6+ LLC Firm/Company	
	7848 Castle	DRIVE Address	
	New Port Riv	Chey Flonda 39 City/State and Zip Code  10 + 60 9 mail Con o be used for fifture annual report notifi	7653
	the painted Kir E-mail address: (6)	0 be used for future annual report notifi	Cation)
For further informa	tion concerning this matter, please ca	11:	
Kerrily	Aranick Jame of Person	at ( <u>727)</u> <u>234-</u> Area Code Daytime	3794 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee ☐ \$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)
And the second s			
r R	AAILING ADDRESS: Legistration Section Division of Corporations O. Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Painted 1	Knot LLC
( <u>Name of the Limited Liabili</u> (A Florid	KNOF LLC  (lity Company as it now appears on our records.)  da Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on January 15+2016 and assigned
Florida document number <u>L 15000210825</u>	<u></u> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADDI	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	istered office address on our records, enter the name of the nev
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registere	,
	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and
	agent as provided for in Chapter 605, r.s. Or, if this accument is
company has been notified in writing of this change.	red office address, I hereby confirm that the limited liability
	red office address, I hereby confirm that the limited liability
	red office address, I hereby confirm that the limited liability
	red office address, I hereby confirm that the limited liability

Page 1 of 3

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 **Type of Action Address** <u>Title</u> <u>Name</u> 7848 Castle Drive Add

New Port Richey, FL 34653 

Remo AMBR Kerrilynn Kranich ☐ Change Gary Feldman 9536 Trumpet Vine Logo Trinity, Florida 34655 Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change 9 Remove ☐ Change

_	Adding Kerrilann Kranick as an AMBR
	Adding Kerrilynn Kranich as an AMBR and Changing Gary Feldman from CFO title to AMBR ALSO.
_	and Changing Gary Feldman trom CLO title
_	to AMBR ALSO.
_	
_	
_	
_	
	<u> </u>
tiv	e date, if other than the date of filing: <u>January 15+30/6</u> (optional)
ffec	ctive date is listed, the date must be specific and cannot be prior to <code>@at</code> of filing or more than 90 days after filing.) Pursuant to 605.
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
He.	
He.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
ecc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
:cc	
e S	
e S	January, 14 45, 2016
e S	Source of the record is filed.  Servelone France Was Tolland
ecc e :	January, 14 45, 2016
ecc	Acruary, 14 46  Signature of a member or authorized representative of a member
ecc e :	Signature of a member or authorized representative of a member

Filing Fee: \$25.00