

L160000097495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 25 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Paint Bar 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:

Dr. Kevin D. Washington

Name of Person

The Art Bar LLC

Firm/Company

2 W Independen Dr. Suite #170

Address

Jacksonville, FL 32202

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Kevin D. Washington

904 566-9852
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Paint Bar LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 16, 2016 and assigned
Florida document number L16000097495.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Art Bar LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2 W Independent Dr

Suite #170

Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 W Independent Dr

Suite #170

Jacksonville, FL 32202

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2 W Independent Dr Suite #170

Enter Florida street address

Jacksonville

City

, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DR. KEVIN D WASHINGTON	P.O. BOX	<input checked="" type="checkbox"/> Add
		SUITE #170	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32202	<input type="checkbox"/> Change
AMBR	LATOYA WASHINGTON	2 W INDEPENDENT DR	<input checked="" type="checkbox"/> Add
		SUITE #170	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32202	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, illegible markings that appear to be part of a header or form. The rest of the page is blank except for the lines.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date shall not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 14, 2016

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

KEVIN WASHINGTON

Typed or printed name of signee