## L16000 176729

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

Division of Cor			
SUBJECT:	DHYANA CARA	JEV PAINTING ited Liability Company	HC_
	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:	
	Dhyana Camey		
		Name of Person	
	Dhyana Carney Painting L	LC	, mi
		Firm/Company	
	258 Dandurand St. SW		
	<del> </del>	Address	1
	Palm Bay FL 32908		- Hall: 03
		City/State and Zip Code	names names g s
	Dhyana1Carney@gmail.com	m	C3
	E-mail address: (	to be used for future annual report notific	eation)
For further information of	oncerning this matter, please ca	all:	
Dhyana Carney		321 499-5945	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:
	ration Section on of Corporations	Registration Section Division of Corporate	ions
	ox 6327	Clifton Building	ions

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Compa rida Limited	iny as it now appears on our Liability Company)	records.)		-	
The Articles of Organization for this Limited Liability Florida document number L16000136729	y Company 	were filed on 7/20/2016		and	assig	ned
This amendment is submitted to amend the following	•					
A. If amending name, enter the new name of the l	imited liab	ility company here:				
The new name must be distinguishable and contain the words "l	Limited Liabi	lity Company," the designation	n "LLC" or th	ne abbreviation	"L.L.	C."
Enter new principal offices address, if applicable:				_		THE CO
(Principal office address MUST BE A STREET AD	DRESS)	3941 N Forsyth Rd.		D f	ar ∪	
		Winter Park FL 32792		Ç	ā	<u>-</u>
			•		1	17.7.7
Enter new mailing address, if applicable:					Am.	175
(Mailing address MAY BE A POST OFFICE BOX)		258 Dandurand St. SW				
[Maining dataress MAT DE A FOST OFFICE BOA]		Palm Bay FL 32908		•	<u>ري</u>	
New Registered Office Address: 394		<u>e</u> :	address		ne of	the nev
<u>wi</u>	mer Park	City	_, Florida	32/92 Zip Co	de	<del></del>
	•	Cuy		zip Co	ue	

## 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>	Type of Action
MGR	Dhyana S Carney	258 Dandurand St. SW	<b>■</b> Add
		Palm Bay FL 32908	□ Remove
			. Change
AMBR	Bobby L Riedel	258 Dandurand St.SW	□ Add
		Palm Bay FL 32908	☐ Remove
			© Thange
			Add
			☐ Add Add Add Add Add Add Add Add Add Ad
			Change
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

3941 N Forsyth Rd. Winter Park FL 32792 as the N for North was not included.	
Also I wish to include my FEIN number on LLC document as 81-3328896.	
Also please make note that Dhyana S Carney is in primary box as MGR.	
Also please make note that Bobby L Riedel is in secondary box as AMBR.	
Please mail all correspondance including new document to primary mailing address	
258 Dandurand St. SW Palm Bay FL 32908. Phone number 321-499-5945.	
Thank you once again for your time and attention in this matter.	
	<del>-</del> _
	'grib's
	الميناً المالية
	773
	1915 1915 1916 1916 1916
	<u> </u>
	Za zelo za N
etive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  If the date inserted in this block does not meet the applicable statutory filing requirer ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	12:01 a.m. on the earlie
- / /	
rd 8/2/16,	
d 8/2/16,	

Page 3 of 3

Filing Fee: \$25.00