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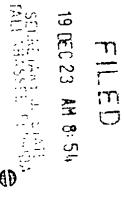
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Section Corporations	,	,
A CARNEY PAINTING LLC		
Name of Lin	nited Liability Company	
of Amendment and fee(s) are sub	omitted for filing.	
spondence concerning this matter	to the following:	
RODNEY S WHITE CPA		
······································	Name of Person	
RODNEY S WHITE CPA		
	Firm/Company	
4650 LIPSCOMB ST NE.	SUITE 20	
	Address	
PALM BAY, FL 32905		
	City/State and Zip Code	
. •		with miles)
		omeanon)
	321 728-9366	
e of Person		ime Telephone Number
r the following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is anclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Street Address: Registration S	Section
Corporations	Division of C	orporations
		Tallahassee roe Street, Suite 810
	EA CARNEY PAINTING LLC Name of Lin of Amendment and fee(s) are subspondence concerning this matter RODNEY S WHITE CPA RODNEY S WHITE CPA 4650 LIPSCOMB ST NE. PALM BAY, FL 32905 rodwhitecpa@carthlink.net E-mail address: or concerning this matter, please of the of Person or the following amount: S30.00 Filing Fee & Certificate of Status ress: or Section f Corporations 327	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: RODNEY'S WHITE CPA Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Companification for this Liability	y were tiled on <u>07/20/2016</u>		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "I	.LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u>က်</u>
range and the second of the later		1945 1945	œ j
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4D }-	_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name o	of the new regi
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florida street add	dress	
		Florida	tr. et t
	City		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>	Type of Action
AMBR	ROBERT L RIEDEL	258 DANDURAND ST SW	
		PALM BAY, FL 32908	□ Remove
			🗀 Change
			Remove
			□Change
			□Add
			Remove
			on Add →
			Remove
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ctive date, if other than the da	ate of filing:	(ontional)	
effective date is listed, the date must be	ate of filing:	ing or more than 90 days after filing.) P	ursuant to 605.02
iment's effective date on the Department	artment of State's records.	ny thing requirements, this date wi	ii not be tisted t
ord specifies a delayed effective of filed.	ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The S	10th day after th
DIVER INFO TO	2010		
d DECEMBER 19	2019		
1 Plus	gnature of a member or authorized repres		

Filing Fee: \$25.00