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## **COVER LETTER**

то:	Registration Se Division of Cor						
SUBJEC		OLLINS PAINTING LLC					
SUBJEC	Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		ROGER COLLINS					
			Name of Person		<del></del>		
		ROGER COLLINS PAIN	TING LLC				
			Firm/Company		<del></del>		
7423 LOIS ST							
		Address					
		PC FL 32404					
		City/State and Zip Code					
		FRIENDLY CORPORATEFILING @GMAIL.COM  E-mail address: (to be used for future annual report notification)					
For furth	ner information c	oncerning this matter, please of		report notification)			
	R COLLINS	oncerning and matter, prease of		8-9009			
	Name o	f Person	at () Area Code	Daytime Telephone N	lumber		
Enclosed	d is a check for th	ne following amount:					
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee and Certified Copy (additional copy is end	Ce closed) Ce	.00 Filing Fee. rtificate of Status & rtified Copy dittonal copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations on 6327 assee, FL 32314	Registra Division Clifton E	T/COURIER ADDRE tion Section of Corporations Building ecutive Center Circle	:SS:		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROGER COLLINS PAINTING 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 12-19-2016 \_\_\_\_ and assigned Florida document number L16000228461 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) : 77 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: Enter Florida street address

## 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>	Address	Type of Action
AMBR	DEVIN RAY THOMPSON	420 N KIMBRELL PC FL 32404	■ Add
			□ Remove
			Change
<del></del> .		<del></del>	Add
			□ Remove
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			Remove
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ADD- DEVIN THOMPSON					
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	(7)				
	c)				
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of fi	(optional)				
e: If the date inserted in this block does not meet the applicable statute					
iment's effective date on the Department of State's records.					
ecord specifies a delayed effective date, but not an effe ne 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier				
ed 11/29 2018					

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Filing Fee: \$25.00

Typed or printed name of signee