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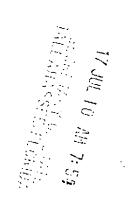
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: TEK Painting 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:
Sourie Krall Name of Person
TEX Painting LLC
608 Berkly Pointe Pass
Auburndale, FL 33823 City/State and Zip Code
TEKPAINTENGE PAHOO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sourie K rall at (715) 530 - 2528 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### MAHLING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Tanaca 31, 2017 and assigned 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) 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 City 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 gree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 = 'Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Thomas Kiall	608 Berkley Pointe Pass Auburndale, FL 33823	🗆 Add
		Auburndale, FL 33823	☐ Remove
	0		Change
AMBR	Jaure Krall	608 Berkley Pointe Pass Auburnale, FL 33823	Add
		Auburniale, FL 33823	□ Remove
			Change
			🗖 Add
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. If amending any other	 nformation, ente		ul sheets, if necessa	wy.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 on Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3)(b) ents, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at $f 1$ (b). The 90th day after the record is filed.	.2:01 a.m. on the earlier of:
Dated July 07, 2017.	
Signature of a member or authorized representative of a member	er -
Laurie A. Krall Typed or printed name of signee	·

Page 3 of 3

Filing Fee: \$25.00