

1 6190000 17083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

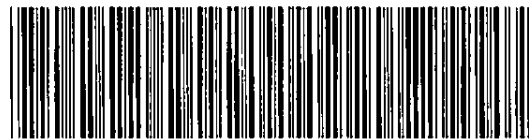
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2017
J. CHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MierSen's Flawless 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:

Melissa Mier
Name of Person

MierSen's Flawless Painting, LLC
Firm/Company

~~1048 Sheekneq Dr.~~ 371 N. Ridgewood Ave
Address

Ormond Beach, FL 32174
City/State and Zip Code

miersenspainting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Mier at (386) 314 4926
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

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

MierSen's Flawless 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 1/23/2017 and assigned Florida document number L17000017083.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

371 N. Ridgewood Ave
~~1048 Shackney Dr.~~
Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

371 N. Ridgewood Ave.
~~1048 Shackney Dr.~~
Ormond Beach, FL 32174

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:

Melissa Mier

New Registered Office Address:

~~1048 Shackney Dr.~~ 371 N. Ridgewood Ave
Enter Florida street address
Ormond Beach, Florida 32174
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.

Melissa Mier

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>
AP	John Scott Andersen	2623 Willow Oak Dr.	<input type="checkbox"/> Add
		Edgewater, Fl. 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Melissa Mier	371 N. Ridgewood Ave	
		1248 Shockney Dr.	<input checked="" type="checkbox"/> Add
		Drmond Beach, Fl.	<input type="checkbox"/> Remove
		32174	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I have divorced so my name is now
Melissa Mier. Divorce papers are attached.

My new address is noted on this
paperwork.

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TALLAHASSEE FLORIDA

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, this date will 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 August 28, 2017.

Melissa Mier
Signature of a member or authorized representative of a member

Melissa Mier
Typed or printed name of signer