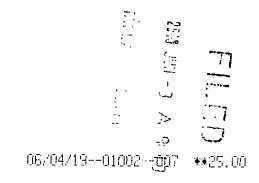
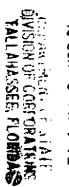
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Office Use Only



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JUN -3 PH 4: 12

D SCOTT

JUN 3 2019

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MITUNG PAINTING L. C. 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:
Jance Tanscen  Name of Person
mirand painting
1832 baby Form Farm cir 5
tulla Husself FL 32310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Milank at () 850 980 386 3  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 Certificate of Status & (additional copy is enclosed)  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

mirand Painting	LLC
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L.170000/9150</u> X	any were filed on $\frac{1}{2} \frac{2}{4} \frac{17}{17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
W LE SUF-LL	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

Title AMBR	Name Jumps Junssyn	Address 1832 baby faanm	Type of Action
			□ Remove
			☐ Change
	*****		☐ Add
		· :	Change
		<u></u>	Add Add
		-	Change
	<u> </u>		Add
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			☐ Change
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	<del></del>
_ <b>(optional)</b> ays after filing.) Po nts, this date wil	ursuant to 605.024 Il not be listed a
2:01 a.m. on	the earlier

Page 3 of 3

Filing Fee: \$25.00