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COVER LETTER

Division of Co					
TINGLES SUBJECT:	TINGLES PAINTING, LLC				
	Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Tingle. Horace G				
		Name of Person			
TINGLES PAINTING, LLC					
		Firm/Company	 -		
	P.O. Box 782144				
		Address			
	Orlando, Fl 32828-2144				
		City/State and Zip Code			
	tinglespc@gmail.com				
	E-mail address: (to be used for future annual report notif	Tication)		
For further information (concerning this matter, please c	all:			
Tingle, Horace G		407 640-4384			
Name (of Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he 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 tadditional copy is enclose		

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

TINGLES 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 2/10/2010 and assigned Florida document number $\frac{1.17000033730}{1.0000033730}$ 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." 2200 N. Forsyth Road Enter new principal offices address, if applicable: Unit 1-104 (Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32807 P.O. Box 782144 Enter new mailing address, if applicable: Orlando, FL 32828-2144 (Mailing address MAY BE A POST OF FICE 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 Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

Cin

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
MGR	Tingle. Carron A	2200 N. Forsyth Road	D
		Unit I-104	
			Remove
		Orlando, Fl 32807	Change
			□ Add
			Remove
			Change
			□ Remove
			Change GAdd
		<u> </u>	Ctange
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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(If an e Note:	April 4, 2019 ve date, if other than the date of filing: (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
the re) The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
	May 31, 2019
Dated	0.01
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00