11700052585

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COVER LETTER

TO: Registration Section Division of Corpor	n ations		
SUBJECT: Allerat	Painting LL Name of Limite	d Liability Company	
	nendment and fec(s) are submi		
Please return all corresponde	ence concerning this matter to	the following:	
	Timothy T	Name of Person	
	1-11/craft Pai	Firm/Company	
	1401 Swiss	Lane	
	Deltona, FC	3,7138 City/State and Zip Code	
	alleraft Paintie	be used for future annual report notif	ication)
For further information con	cerning this matter, please cal	II:	
Timothy Rho	od v S Person	at (407) LYC - (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

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allcraft 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:
Timothy Rhados Name of Person
1-11/craft Painting (LC) Firm/Company
1401 Swiss Lane Address
Deltona, FC 32738 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timothy Rhode S at (407) 474-19469 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of S

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

(Name of the Limited Liability Co.)	mpany as it now appears on our records.)
(A Florida Limi	ted Liability Company)
	any were filed on Mwch 7, 2017 and assigned
Florida document number <u>L1700052585</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	iability company here:
	(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) cles of Organization for this Limited Liability Company were filed on May ch. 7, 2017 and assigned document number 1700052585. endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: a address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida
the new name must be distinguishable and contain the words "Limited L	nability 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	2
	S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
ailing address MAY BE A POST OFFICE BOX)	
Special Control and Control an	**************************************
Name of New Registered Agent:)s Q
New Registered Office Address:	
	and assigned on May ch 7, 2017 and assigned on the Lindicol Sassa. Abmitted to amend the following: A center the new name of the limited liability company here: Stinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: Y BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the new registered office address here: w Registered Agent: red Office Address: Enter Florida street address Florida
	. 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rose Rhode's	1401 Swiss lane	
		1401 Swiss lane Deltora, FL 32738	D Remove
			Change
			□ Remove
			Change
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F ootis	e date, if other than the date of filing:	(option	ů,	9	
an effe lote: I	tive date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applicant's effective date on the Department of State's records.	o date of filing or more than 90 days after fil	ing.) Pursu	ant to 60 ot be li	05.0207 (sted as t
	rd specifies a delayed effective date, but not 10th day after the record is filed.	an effective time, at 12:01 a.r	n. on th	e ear	lier of:
,,,,					
	July 20, 2017 Tintuly Rhole Signature of a member or author Timothy J Rhode S				

Page 3 of 3

Filing Fee: \$25.00