1170005750°

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
	,	:
<u> </u>		

Office Use Only



500312023725

04/18/18--01015--014 **30.00



Y SULKER APR 2 0 2018

COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: Artistic Finish 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:
Marcof Person
Artistic Finish Firm/Company
12753 60th St. M. Address
Clean Ter F L 33760 City/State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Marie of Person at (727) 326-492 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) \$25.00 Filing Fee & \$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

Artistic Fi	nish_LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Bucklyllic		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" of	the appreviation "L.L.C."
Enter new principal offices address, if applicable:	1512.7 60	5th St. 111.
(Principal office address MUST BE A STREET ADDRESS)	_Clearwate	r, FL 33760
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	250 1375	Avell
	Safety Ha	rbor FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
	<u>-</u>	73.
Name of New Registered Agent:		70
New Registered Office Address:		min. Microsoft (4)
	Enter Florida street address	Grand Transfer
	, Florid	
	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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			€ Change
			Add
			C Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change

				
		.		
	, <u>, , , , , , , , , , , , , , , , , , </u>	-		
	·			
				-
			_	
		<u>;</u>		
		25 ;	№	
				1
4/12/10	, .	SEE	C• ;	
ffective date, if other than the date of filing:	(option 90 days after fil	al) 🗀 ing T Pursu	ant to 605	5.0207
ote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	ements, this d	ate:will n	of be list	ëd as
beament's effective date on the Department of State's records.			64	
a record specifies a delayed effective date, but not an effective time.	L 17:01			
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	(12:01 a.r	n. on th	ie eariie	er or
ated April 12th, 2018. M. Burkman				
$\mathcal{N} \cap \mathcal{D}$				
Signature of a member or authorized representative of a men	nber			

Page 3 of 3

Filing Fee: \$25.00