117000107644

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COVER LETTER

то:	Registration Se Division of Cor	ection 'porations		
ខារក រស់	CATLIN C	RAFTSMAN PAINTING LLC		
SOBJE	C1:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		NELLE NEMECEK		
			Name of Person	
		EKAHI INC		
			Firm/Company	
	•	P O BOX 1431		
			Address	. <u> </u>
		SRB, FL 32459		•
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furtl	her information c	oncerning this matter, please ca	all:	
NELLE	NEMECEK		850 535-5000 at()	·
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25.	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

CATLIN CRAFTSMAN PAINTING LLC

(Name of the Limited	<mark>I Liability Compan</mark> A Florida Limited Li	y as it now appears on our t ability Company)	ecords.)		 -
The Articles of Organization for this Limited Liab Florida document number <u>L17000107644</u>	bility Company v	vere filed on MAY 15, 20	117	and	assigned
This amendment is submitted to amend the follow	ving:		•	,	
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designation	"LLC" or th	ne abbreviation	"L.L.C."
Enter new principal offices address, if applical	ole:				
<u>(Principal office address MUST BE A STREET</u>	ADDRESS)				
Enter new mailing address, if applicable:					•
(Mailing address MAY BE A POST OFFICE B	OX)				•
					
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>en</u>	ter the nan	ne of the n
Norman Chlana Deviational Assess	•				
Name of New Registered Agent: New Registered Office Address:			 		17
New Registroral Office Addition.		Enter Florida street a		Service Control	J. 1
		City	_, Florida	Zip Co	de é
New Registered Agent's Signature, if changing Re	gistered Agent:	,			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete p ercd agent as progistered office a	erformance of my dutic ovided for in Chapter (s, and I a 605, F.S. (m famillar Or, if this de	with and ocument is

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,	<u>Name</u>	Address	Type of Action
MGR	THOMAS EVAN THOMAS	530 N FOX AVE APT B	
		PANAMA CITY , FL 32404	
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	•		□ Remove
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	1	UNE 17-2017				\$ P
ctive date, if other than th effective date is listed, the date m	e date of filing: _	mot be prior to de	ta of filing or mor	op (Op	tional)*	ant to 605 (
If the date inserted in this !	lock does not mee	t the applicable	statutory filing	requirements, t	his date will no	
iment's effective date on the l	Department of State	e's records.				
acord chacifies a dalays	d offoctive date	o hut oot se	affantiva tin	no at 12.01		. anglia
ecord specifies a delaye ne 90th day after the re		ב, טעוג אטל מז	i enecuve III	115, at 12.VI	. a.m. vn ul	c, earner
H1510 15		2027			•	
ed JUNE 17		2017 				
	Kenness	1. //14	(1)			
	Signature of a mer	nber or authorize	d representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00