L17000115434

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

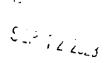
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Cor		· ·	•
ROYAL-T	PAINTING AND MORE LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Coniey		
		Name of Person	
	A Tax Shelter		
		Firm/Company	
	3704 US Hwy 301 North S	Suite 3	
		Address City/State and Zip Code	
	Ellerston, FL 34222		
		City/State and Zip Code	
	Elizabeth@ataxshelter.com	to be used for future appeal report no	Worthern V
For further information c	oncerning this matter, please co		
Michael Travieso	-	941 306-6569	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
塞 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$35.00 filling Fee & Certified Copy (additional copy is enclosed)	☐ \$69.00 Filing hee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	

Registration Section Division of Corporations P.O. Box 6327

Tailahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL-T PAINTING AND MORE 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 $\frac{05/24/2017}{2}$ and assigned Florida document number _ 1.17000115434 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sota Paints LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 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: Emer Florida street address . Florida _

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.

City

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
			□Add
			□Remove
			□Remove
			□Change
			□Add
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Effective date, if other than the lan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the f	ock does not mee	et the applicabl	date of filing or me e statutory filing	ore than 90 days af g requirements, t	tional) er tiling.) Pursuan his date will not	t to 605.0207 (be listed as t
record specifies a delayed effective d is filed.	e date, but not an	effective time	e, at 12:01 a.m. c	on the earlier of:	(b) The 90th d	ay after the
26th of May Dated		2023				
7.7.4	1-1		•			
	Signature of a mer	uber or authoriz	ed representative	of a member		
	(and the	c. or dumony				
Michael Travieso						

Filing Fee: \$25.00