## 117000137610

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
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|   |  |  |

Office Use Only



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## **COVER LETTER**

|                  | tration Section of Corpo |   |   |  |
|------------------|--------------------------|---|---|--|
|                  | H Painting               |   |   |  |
| SUBJECT: _       |                          |   | ited Liability Company  |  |
|                  |                          | mendment and fee(s) are sub-                    |   |  |
| Please return a  | II correspond            | dence concerning this matter                    | to the following:   |  |
|                  |                          | Terrell Hooks                                   |   |  |
|                  |                          |   | Name of Person  |  |
|                  |                          | TH Painting LLC                                 |   |  |
|                  |                          |   | Firm/Company  |  |
|                  |                          | 2307 N Hayne St                                 |   |  |
|                  |                          | <u></u>   | Address   |  |
|                  |                          | Pensacola, FL 32503                             |   |  |
|                  | City/State and Zip Code  |   |   |  |
|                  |                          | john@taxprofl.com E-mail address: (1            | to be used for future annual report notific                               | ration)  |
| For further info | ormation con             | cerning this matter, please co                  |   |  |
| Terrell Hooks    | i                        |   | 850 244-8122  |  |
|                  | Name of P                | erson   | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclosed is a c  | heck for the             | following amount:                               |   |  |
| ■ \$25,00 Fili   | ing Fee                  | ☐ \$30,00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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

| TH Painting LLC   |  |   |
|---|--|---|
| (Name of the Limited Liability Con<br>(A Florida Limit  | npany as it now appears on our recorded Liability Company) | d <u>s.</u> )                           |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number L17000137610             | ny were filed on 06/26/2017                                | and assigned                            |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited li   | ability company here:                                      |   |
| The new name must be distinguishable and contain the words "Limited La  | ability Company," the designation "LLC                     | C" or the abbreviation "L.L.C."         |
| Enter new principal offices address, if applicable:   |  | <u> </u>                                |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 1 T 1 T 2 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |  | ED BN 12: 49                            |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |  | ls, enter the name of the nev           |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
|   | Enter Florida street addre                                 | 333                                     |
|   |  | lorida                                  |
|   | 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. Thereby 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 = Manager AMBR = Authorized Member

| Title | Name           | Address             | Type of Action              |
|-------|----------------|---------------------|-----------------------------|
| MGR   | Jayde D. Hines | 900 W Lloyd St      | <b>=</b> Add                |
|       |                | Pensacola, FL 32501 | ☐ Remove                    |
|       |                |                     | ☐ Change                    |
|       |                |                     | Add                         |
|       |                |                     | Remove                      |
|       |                |                     | ☐ Change                    |
|       |                |                     | Add                         |
|       |                |                     | CRET ARY                    |
|       |                |                     | RECREITARY OF STATE FLORIDA |
|       |                |                     | P G Remove                  |
|       |                |                     | ☐ Change                    |
|       |                |                     |                             |
|       |                |                     | ☐ Remove                    |
|       |                |                     |                             |
|       |                |                     | □ Add                       |
|       |                |                     | □ Remove                    |
|       |                |                     | ☐ Change                    |

|   | 26 LE  |
|---|--|
|   | E P  |
|   | IZ: 49   |
|   |  |
|   |  |
|   |  |
|   |  |
| Effective date, if other than the date of filing:                                     | (optional)   |
| If an effective date is listed, the date must be specific and ca                      | annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 et the applicable statutory filing requirements, this date will not be listed as |
| ne record specifies a delayed effective da<br>The 90th day after the record is filed. | te, but not an effective time, at 12:01 a.m. on the earlier of   |
| Dated 7.24-18   | <b>519</b> , 6   |
|   | mber or authorized representative of a member  |
| / Signature of a me   | ember of authorized representative of a member   |

Page 3 of 3

Filing Fee: \$25.00