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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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D. SCOTT AUG 2 9 2017

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: UP60	call painting	ited Liability Company	<u>deling</u> 11c	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Char	lie Richards	<i>ا</i> ده	
	, 1	Name of Person	, <b>,</b>	_
		ale Painting a	and remodeling	, 4 <sub>(</sub>
	5205	Via Oliza		
	Orlan	City/State and Zip Code	2839	
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Charles	Richardson  (Person	at (407) 732 Area Code Daytin	756 ) ne Telephone Number	
Enclosed is a check for the	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Dscale Painting	ang remode	211/00/11C
( <u>Name of the Limited Liability Compla</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000139704</u>	were filed on $6/27/20$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Up 5	2 modelino 11c	hbreviation "L.L.C." \(\cdot\) 70 ( \(32739\)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5205 Via a orland, FL	11291 32839
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our records, <u>enter</u> <u>e</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , <b>Florida</b>	$\frac{3}{2}$
	City	Zip Code
White Distriction of Association and Atlanta and Atlan		4

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Charlie Richarder	5205 Via al	1797 NAM
		5502 via al	(20) ( Dremove
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Note:	ive date, if other than the date of filing:	207 (3)( as the
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	August 24, 1 . 2017.	
	Signature of a member or authorized representative of a member	
	Charlie Richardson	

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Typed or printed name of signee

Filing Fee: \$25.00