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| (Reque | estor's Name) | |
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone #) | |
| PICK-UP | | MAIL |
| (Dusia | aca Estitu Nama) | |
| (busin | ess Entity Name) | |
| (Docur | ment Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Fili | ng Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------------|--|---|
| SURIF | Preston Ha | nna Painting LLC |
| .,013013 | Nam | e of Limited Liability Company |
| | | |
| The encl | losed Articles of Amendment and fee(s) | are submitted for filing. |
| Please re | eturn all correspondence concerning this | matter to the following: |
| | | |
| | Pres | Name of Person Hanna Painting LLC Firm/Company York St. Address |
| | | Name of Person |
| | Preston | Hanna Painting LLC |
| | | Firm/Company |
| | 402 | yorkst. |
| | | Address |
| | Gu | IF Breeze F1 32561 City/State and Zip Code |
| | | City/State and Zip Code |
| | | |
| | E-mail a | ddress: (to be used for future annual report notification) |
| For furth | ner information concerning this matter, p | olease call: |
| P | reston Hanna | at (8 50) 791-8429 Area Code Daytime Telephone Number |
| 7 | Name of Person | Area Code Daytime Telephone Number |
| | | |
| Enclosed | d is a check for the following amount: | |
| □ \$ 25. | 00 Filing Fee ☐ \$30.00 Filing Fee Certificate of S | |
| | MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |
| | Division of Corporations | Division of Cornerations |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | lanna Painting LLC |
|--|---|
| (Name of the Limi | ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited L | liability Company were filed on 7-6-17 and assigned |
| This amendment is submitted to amend the fol | |
| A. If amending name, enter the new name of | of the limited liability company here: |
| | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." |
| Enter new principal offices address, if appli | cable: |
| (Principal office address MUST BE A STRE | ET ADDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | (BOX) |
| B. If amending the registered agent and registered agent and/or the new registered o | Vor registered office address on our records, enter the name of the new ffice address here: |
| Name of New Registered Agent: New Registered Office Address: | Christopher Boardwine 5525 Durango PL Enter Florida street address Pensacola Florida 32504 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.

Changing Registered Agent, Signature of New Registered Agent

| | x Authorized Person(s) authorized to ma | inage, enter the title, name, and address of each | person being added |
|---------------------|---|---|--------------------|
| MGR = M AMBR = A | lanager uthorized Member | | |
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Christopher Boardwine | 5255 Drango Pl Pensacola FL 32504 | Add |
| | | Pensacola FL 32504 | Remove |
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| If amending any other information, enter | change(s) here: (Attach additional sheets, if necessary.) |
| Transcinding any other miles made in the | change(s) nere: (/mai/r dadnis/lat sneets, y neetssary.) |
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| Effective date, if other than the date of fili (If an effective date is listed, the date must be specifical Note: If the date inserted in this block does not document's effective date on the Department of | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) t meet the applicable statutory filing requirements, this date will not be listed as the |
| the record specifies a delayed effective. The 90th day after the record is filed | date, but not an effective time, at 12:01 a.m. on the earlier of: |
| Dated 9-12-17 | [|
| Prest 2 | La_ |
| | a member or authorized representative of a member |
| Presten | Hanna |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00