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## **COVER LETTER**

•	of Corporations	
erin inzer	JAZ	PAINTING LLC ted Liability Company
SUBJECT:	Name of Limit	ted Liability Company
		İ
The enclosed Arti	cles of Amendment and fee(s) are subn	nitted for filing.
Please return all c	orrespondence concerning this matter t	o the following:
	JETTAL	Name of Person
	JB?	PAINTING, LLC Firm/Company
		Firm/Company
	6600 50	Address Aut Ball. D # 407
	Compa	23,44
	J007/	Minni FL 33143 City/State and Zip Code
	171000	She gan A 12. Com  be used the future annual report notification)
	E-mail address: (to	o be used the future annual report notification)
For further inform	nation concerning this matter, please ca	11:
	JEFFREY E. Zim	at (239) 727 - 6323 Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
<b>⊠</b> \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy Certified Cop
		(additional copy is encl sed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section		Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 7//7//7 and a

The Articles of Organization for this Limited Liability Company w	ora filod on	7/17/17	and assigned
	ere med on		and assigned
Florida document number 417600157593			
	1		
This amendment is submitted to amend the following:	1		
A. If amending name, enter the new name of the limited liabilit	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	<u>-</u>	
_			
	ĺ		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	li l		
B. If amending the registered agent and/or registered office	ce 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:			
radite of New Neglistered rigeti.			
New Registered Office Address:			' "
	Enter Flori	da street aådress	
			- 17
	City	, Florida <u>_</u>	Zip Code
	Cay 		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 o	zanzazita I familian	man tananan di mida dan
provisions of all statutes relative to the proper and complete po			
accept the obligations of my position as registered agent as pro			
being filed to merely reflect a change in the registered office ac			
company has been notified in writing of this change.	con, 1 herety	. congress that the tr	

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 = M $AMBR = A$	lanager authorized Member	, 	
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	JEFFREY E. ZIMM	6600 SW STAT AVE.	
		BUILDING D, # 407	□ Remove
		BULDING D, # 407 SOUTH MIANI, FC 331	// @Change
			Remove
			Change
	<del></del>		
			Remove
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	<del></del>		
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			☐ Change
	<del></del>		
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Att	tach,additional sheets, if necessary.)
	<del></del>
<del></del>	
. Effective date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an epp.) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated 7/24 2017	
12 2	
Signature of a member of authorized re	enresentative of a member
JEFFREY L. Typed or printed name	Zimm
Typed or printed name	of signce

Page 3 of 3

Filing Fee: \$25.00