L17000/68366

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



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019FEB -4 PM 1:35

C. GOLDEN FEB - 9 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Dason H Paint 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:	
	Jason	Har? Name of Person	
	Jason	H Paints LLC Firm/Company	 -
	5690 Beland	ville Rd Address	
	Milton FL :	32570 City/State and Zip Code	
	Time they Ha	to be used for future annual report not	ification)
or further information c	oncerning this matter, please co		
Timethy Ho	f Person	at (850) 686 - Daytin	ne Telephone Number
closed is a check for the	ne 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Jaso	n H Paints LLC	2019 FEB -4 PM 1: 35
(Name of the	Limited Liability Company as it now app (A Florida Limited Liability Company	TALL MASSEE, FL
		08-07-2017 and assigned
Florida document number <u>L-1700</u> c	168366.	
This amendment is submitted to amend th	e following:	
A. If amending name, enter the new na	me of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain	n the words "Limited Liability Company," th	e designation "Ll.C" or the abbreviation "L.L.C."
Inter new principal offices address, if a	pplicable:	
Principal office address MUST BE A ST	TREET ADDRESS)	
If amending the registered agent istered agent and/or the new register		on our records, enter the name of the new
Name of New Registered Agent	: <u></u>	
New Registered Office Address:		
	Enter I	Florida street address
		, Florida
Registered Agent's Signature, if chan	City	Zip Code
	•	is agreed to I fouther garee to comply with the
isions of all statutes relative to the pt the obligations of my position as	proper and complete performance s registered agent as provided for it n the registered office address, I he	is capacity. I further agree to comply with the of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is reby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

n 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>I itle</u>	<u>Name</u>	Address	Type of Action
MGR	Robert J Moses	1953 Church st Gulf Breeze FL 32563	🗹 Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
			Remove
			Change
			Add
			□ Remove
			Change

	
	
etiva	date if other than the date of filing:
<u>::</u> 16	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
d <u>C</u>	1-30-2019.
	Jason Herry Signature of a member of authorized representative of a member
	Tabon Harp Typed or printed name of signee

ν.

Page 3 of 3

Filing Fee: \$25.00