## L17000168366

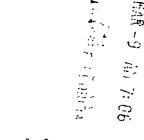
(Requestor's Name)
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## COVER LETTER

Division of Corpo			
SUBJECT:	son H Paints	LLC	
SUBJECT:Q	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Josen	Name of Person	
		H Parate LLC Firm/Company	<del></del>
		rimvCompany	;
	<u> </u>	Whiting Field Cir	
	Milton F	City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (	ncp 03080 Gmil. Com to be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	all:	
	- ,		
Name of	Harp	at (850) 686-6 Area Code Daytime	392
,,,,,,,		race doed Daylank	i ceephone (sumoe)
Enclosed is a check for the t	following amount:		
	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		**	(additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## - ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jason H Pain	to LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
he Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
lorida document number L17000168366		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		122
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
. If amending the registered agent and/or registered off	fice address on our records,	enter the name of the new registe
gent and/or the new registered office address here:		791
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street	address
		, Florida
	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.

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>	<u>Name</u>	Address	Type of Action
MGR	Dylan Joseph Seymour	5200 Moore Loop	<b>b</b> /Add
		Crestview Fr 32536	□Remove
			□Change
MGR	Davis, George Levi	9238 Tara Circle	□Add
		Milton FL 32570	KRemove
			□Change
			· · · · · · · · · · · · · · · · · · ·
			Remove!
		<del>-</del>	Change
		<del></del>	Add
			□Remove
		<del></del>	Change
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			□Change
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			Changa

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otional)	ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date o