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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TC		gistration Sec rision of Corp						
en.	O DECT.	A&B GARE	RETT'S PAINTING LLC					
SUBJECT: Name of Limited Liability Company								
Th	e enclosed	f Articles of 2	Amendment and fee(s) are sub	mitted for filing.				
Ple	ase returr	all correspor	idence concerning this matter	to the following:				
			BRANT A GARRETT					
			4	Name of Person				
A&B GARRETT'S PAINTING LLC								
			12655 SE 52 LN					
				Address				
				City/State and Zip Code				
			OKEECHOBEE, FL 34974					
Fo	r further i	nformation co	t-mail address: (incerning this matter, please co	to be used for future annual report noti	fication)			
		GARRETT	The state of the s	777 701 (177)				
		Name of	Person	at ()	e Telephone Number			
En	closed is:	n check for the	e following amount:					
	\$25.00 [filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy taddmonal copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

A&B GARRETT'S PAINTING LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited i	ny as it now appears on our records Liability Company)	<u></u>)		
the Articles of Organization for this Limited Liability Company were filed on $\frac{09/18/2017}{1.17000193952}$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12655 SE 52 LN			
Principal office address MUST BE A STREET ADDRESS)	OKEECHOBEE, FL 34974	in the second se		
		TC 1		
		5		
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		72		
		<u> </u>		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	ffice address on our records. <u>e</u> :	, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City	oridaZip 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	BRANT A GARRETT	166 SW LANCASTER AVE	
		PORT ST LUCIE, FL 34984	☐ Remove
			■ Change
	····		D Add
			☐ Remove
			Change
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		11/01/	72017						
Tective date, if other than the in effective date is listed, the date mus	date of filii the specific a	ng:		of filing or	more than 9	(optio) days after 1	nal) iling.) Purs	arant to	605.020
ote: If the date inserted in this blo	ock does not	meet the a	pplicable s						
ocument's effective date on the De	epartment of	State's rec	orus.						
e record specifies a delayed	l effective	date bi	it not an	effective	time at	12.01 =	m on t	he ea	rlier c
The 90th day after the reco			K HOL OH	CHUCKIYE	unit, at	12,01 0			
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November 1		2017					<u>:</u> :	¥0¥	i Take
									24.24

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00