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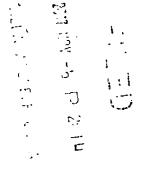
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COVER LETTER

Divisio	n of Corpor	rations								
SUBJECT:	ρ	ME	Impro Name of Lin	し <u>し</u> w nited Lia	bility Company	LC				
The enclosed Art	ticles of Am	endment ar	nd fee(s) are sul	bmitted	for filing.					
Please return all	corresponde	nce concer	ning this matter	r to the	following:					
			Denis	<u> </u>	Cdr G	Je 7				
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For further inform	mation conc								j	, a <u>1</u> ,
Deni	Se No Nume of Pe	drig le	£		at (<u>305</u> Area Code)	₹8-₹4 aytime Telepl	94 hone Number	F-1	12.00
Enclosed is a cho	eck for the fe	ollowing an	nount:							
1 \$25.00 Filing	g Fee	\$30.00 F Certific	iling Fee & eate of Status		\$55.00 Filing Certified Cop (additional copy	рy		S60.00 Fili Certificate Certified ((additional e	of Sta Copy	atus &

MAILING ADDRESS:

TO:

Registration Section

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

ADM Impro	vements LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our red da Limited Liability Company)	cords.)		_
The Articles of Organization for this Limited Liability Florida document number <u>し170002 1574</u> を		17,2017	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the line ADM Fine Painting the new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name must be distinguishable and contain the words "Line new name of the line new na	ng LLC	LLC" or the ab	obreviation	"L.L.C."
Enter new principal offices address, if applicable:			•	<u>. </u>
Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
Maining address MAT BE A FOST OFFICE BOX	 	. -	53	
3. If amending the registered agent and/or reg		ords, <u>enter</u>	the nan	s i ne of the ne
egistered agent and/or the new registered office ad	ldress here:	•	di-	- 1 - 1]
Name of New Registered Agent:			ن (ب	<u>ت</u>
New Registered Office Address:		` .	<u> </u>	
	Enter Florida street aa	ldress		
	City	. Florida	Zip Co	
	Cuiv		zip Co	KIE

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address		Type of Action
				Remove
				D Change
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory fil ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on the earli
November 2 . 2017	

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Filing Fee: \$25.00