## 117000 254575

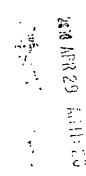
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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U4/29/19--U1020--U06 \*\*25.00



MAY 10 2019

## **COVER LETTER**

Division of Corporation	18		
SURJECT: JEA	NEL AS	SHLEY, LLC ted Liability Company	
The enclosed Articles of Amendm	nent and fee(s) are subt	nitted for filing.	2
Please return all correspondence of	oncerning this matter t	to the following:	
	JEANE	L BARNETT Name of Person	<b>-</b>
-		Firm/Company	<del></del>
	HOBE S	SE CIRCLE  Address  OUND FL 3:  City/State and Zip Code el barnett @ o be used for future annual report notificat	ST 3455 gmail.com
For further information concerning	g this matter, please ca	dl:	
JEANEL BARI Name of Person	VETT	at (501) 935- Area Code Daytime Te	lephone Number
	ing amount: 0.00 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 AD	DRESS:	STREET/COURIER	ADDRESS:

TO:

**Registration Section** 

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEANE	L BARNE	11	
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 17000</u> 6	oility Company were filed on <u>/</u> 354575	12/13/17	and assigned
This amendment is submitted to amend the follow	ring:		•
A. If amending name, enter the new name of the BARE FOOT  The new name must be distinguishable and contain the work	PAINTING	LLC	previation "L.L.C."
Enter new principal offices address, if applicab	ole: SAME		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	SAME OX)		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:	Enter Floria	da street address	
	City	, Florida	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.

NA 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 being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	□ Remove
		<del></del>	□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
		<del></del>	
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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•	<del></del>
•	
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·	
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(If an ef <b>Note:</b>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	APRIL 22 . 2019
	· Manual Barneth  Signature of a member or authorized representative of a member
	TEANEL BARNETT  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00