118000012462

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| | ess) | |
| nbbA) | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Doci | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Sect Division of Corpo | orations ~ | | (() | |
|--|--|--|---|---|
| | Redman | tainting | g, CC | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspond | dence concerning this matter t | o the following: | | |
| | gary | Redmo | er | |
| | Redmi | Name of Person | ting, LLC | |
| | 1342 S | Fim/Company EBe/co | es+ St. | |
| | Pot S | t. LUCIE | , FL 34952 | |
| | redman pai | n fing Code | Egmail, com | |
| | E-mail address: (t | o be used for future annua | report notification) | |
| For further information cor | ncerning this matter, please ca | | | |
| Gary F | Redman Person on Kathy A | at (772) | 203-7713 (cell) Daytime Telephone Number 7-4390 (home) |) |
| | of Marky M | 20 man (772) 37 | 7-4390 (home) | |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is en | Certificate of Status | |

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

Redman Painting, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited L | ability Company) | - |
|--|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000012462}{L18000012462}$ | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 7.0 |
| | | 8 |
| | | AAHAA AHAA |
| Enter new mailing address, if applicable: | | SSE SSE |
| (Mailing address MAY BE A POST OFFICE BOX) | | THE THOUSE |
| | | LOSE LOSE LOSE LOSE LOSE LOSE LOSE LOSE |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on ou : | ir records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Erter 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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my rovided for in Cha | duties, and I am familiar with and pter 605, F.S. Or, if this document is |
| If Chan | ging Registered Agent | Signature of New Registered Agent |

Page 1 of 3

| If amending Authorized Person(s) authorized to manage, enter the tit or removed from our records: | | | | le, name, and address of each person being added | | |
|--|--------------------------|--------------|--------|--|-------------------------|----------------|
| | MGR = Man AMBR = Auth | | | | | |
| H | Title AMOR | Name Gary | Davine | Address 1016 SE Stuart | Fleming Way FL 34997 | Type of Action |
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| D. If ame | nding any other information, enter change(s) here: (Attach d | additional sheets, if necessary.) | |
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| - | | | _ |
| - T. ITSFooti | ve date, if other than the date of filing: $1/2i/18$ | (optional) | _ |
| (If an effo <u>Note:</u> | ective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor ent's effective date on the Department of State's records. | nglor more than 90 days after filing.) Pursuant to | 605.0207 (3) listed as the |
| f the rec | ord specifies a delayed effective date, but not an effec 90th day after the record is filed. | tive time, at 12:01 a.m. on the ea | rlier of: |
| Dated _. | Loudd - | | |
| | Signature of a member of authorized representation of the second | | |
| | Typed or printed name of sig | gne | |

Page 3 of 3

Filing Fee: \$25.00