L18000 28336

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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	:)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

cunir <i>e</i> m.	ALL AME	RICAN STAIN LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
rease return	an correspo	SYBIL L HILTON	to the following.	
		ALL AMERICAN STAIN	Name of Person	
		851 SE 142ND TERRACE	Firm/Company	
		WILLISTON FL 32696	Address	
		FLOWHILTON@AOL.CO	City/State and Zip Code	
For further is	nformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	fication)
SYBIL L HI	ILTON		352 256-7134 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 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)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	on

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Li Florida document number <u>L18000028336</u>	ability Company 	were filed on JANUAR	Y 31, 2018	and assi	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abl	previation "L.I	л.С."
Enter new principal offices address, if application	ıble:	851 SE 142ND TERRA	ACE		
(Principal office address MUST BE A STREE		WILLISTON FL 3269	6 .	±4.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			₹ 5	
Enter new mailing address, if applicable:		851 SE 142ND TERRA	ACE	29 P	
(Mailing address MAY BE A POST OFFICE BOX)		WILLISTON FL 3269	6	. (2)	-
Manual Control of the				000	
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	C.	<u>e</u> :	records, <u>enter</u>	the name o	of the ne
New Registered Office Address:		Enter Florida stree	et address		
	WILLISTON		Florida _ ³²⁶	596	
		City	1 10/10/	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ALL AMERICAN STAIN LLC

Sybil HelleIf Changing Registered Agent, Signature of New Registered Agent

^{&#}x27;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
AMBR	CHARLES O. HILTON, JR	851 SE 142ND TERRACE WILLISTON FL 32696	≘ Add
			Remove
			Change
MGR	SYBIL L HILTON		Add
			□ Remove
		851 SE 142ND TERRACE WILLISTON FL 32696	
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change

	•
	•
(If an <u>Not</u> e	ctive date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	edNOVEMBER 5 2018
	Sybil J. If Italy Signature of a member or authorized representative of a member
	SYBIL L HILTON

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00