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(Requ	estor's Name)	
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COVER LETTER

Division of Co					
COYT PA	AINTING LLC				
Name of Limited Liability Company					
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	MARTIN COYT				
		Name of Person			
	COYT PAINTING				
		Firm/Company			
	102 N 18TH ST				
		Address			
	HAINES CITY, FL 33844				
		City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	ıll:			
MARTIN COYT		863 594-3146			
Name	of Person	at () Area Code Daytime	: Telephone Number		
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 enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

COYT PAINTING LLC

(Name of the Limited Liability Co	mpany as it now appears on o	ir records)
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	<u>11 1000 01.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000051299</u> .	oany were filed on $\frac{02/26/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		TALL PROPERTY OF THE PARTY OF T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name-of the n
Name of New Registered Agent:		
New Registered Office Address:	 .	
	Enter Florida stre	ret address
,		, Florida
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GENARO COYT	317 FLINT ST HAINES CITY , FL 33844	
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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	ve date, if other tha			(optional)	
Note:	If the date inserted in t	te must be specific and ca his block does not mee the Department of Stat	et the applicable stan	filing or more than 90 days nory filing requirements	after filing.) Pursuant to 605.02 this date will not be listed a	07 (3) as the
ne reco	ord specifies a de 90th day after the	layed effective dat e record is filed.	e, but not an efi	ective time, at 12:0)1 a.m. on the earlier	of:
Dated <u>:</u>	. 4-12-19					
	mar	the cut		resentative of a member		
		Signature of a mer	mber or authorized rep	resentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00