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OF

JUN 11 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 15+ C/C, 55 Sc./eS (Jane) Name of Limited Liability Com	ging to 1st class pain
Name of Limited Liability Com	yany O
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard Diab Name of Pe 15t class panter Firm/Comp	
Name of Pe	rson
15t cluss painter	2
Firm/Comp	any
6104 12th A.	Je W
Address	~ ^
Brazenton / Ed. City/State and Z.	34209
	•
E-mail address: (to be used for future	OC G gran, com
E-mail address: (to be used) for future	: annual report notification)
For further information concerning this matter, please call:	
Richard Dich al (99)	11) 744-6663
Name of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Conditional of Certificate of Status Certified Conditional of Certificate of Status Certified Conditional of Certified Condition	· · · · · · · · · · · · · · · · · · ·
	TREET/COURIER ADDRESS:
	egistration Section ivision of Corporations
P.O. Box 6327	ifton Building
	601 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st class Sales	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 180057762	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	GIENT ZHY-ASE W BEGGENLEN
(Principal office address MUST BE A STREET ADDRESS)	Ft 54209 Sime address
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the new e:
	El. Ad.
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
. If Chai	nging 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 adde or removed from our records:				
MGR = Ma AMBR = Au	anager uthorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
AMBR	Jasse Hedins	5064 Lune Negan DC	□ Add	
		5064 Luna Magan Dr Orlando, FL 32811	Remove	
			☐ Change	
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D. II am	ending any other intormation, enter change(3) nervice product and a second control of the contro
	E -D2-i9
E. Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
	on the earlier of:
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(0)	
Datad	
Dated	
	her out
	Signature of a member or authorized representative of a member
	K Cush
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00