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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	REMODELING SERVICES L	LC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	JACK BELL		
		Name of Person	
	BELL ACCOUNTING AN	D TAX SOLUTIONS	
		Firm/Company	<del></del>
	32155 SW 206TH AVENU	• •	
		Address	
	HOMESTEAD FL 33030		
	Jackeri E-mail address: (1	City/State and Zip Code  Mynybellaco  o be used for Juture annual report no	ountant.com
For further information co	oncerning this matter, please ca	ıll:	
JACK BELL		786 776-9491 at ()	ime Telephone Number
Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing 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)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 OF

HARVEST REMODELINGSERVICES	L.L.C	29
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	一
The Articles of Organization for this Limited Liability	ty Company were filed on APRIL 30, 2018	and assigned
lorida document number L18000108599	·	
his amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
IARVEST PAINT SOLUTIONS LLC		
he new name must be distinguishable and contain the words	*Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AI</u>	DDRESS)	<del></del>
	<del></del>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	)	
3. If amending the registered agent and/or r	egistered office address on our records et	iter the name of the n
egistered agent and/or the new registered office:		itti tiit iiuiit tii tiit ii
	<del></del>	
Name at Name Description of August.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
<del>-</del>	City	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.

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

Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
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fan effect <mark>Note:</mark> If	tive date is listed, the	date must be spec n this block doe	ific and cannot be not meet the	applicable stat	`filing or more tha utory filing requ	n 90 days after filin irements, this dat	g.) Pursuant to 605.03 e will not be listed
	rd specifies a d Oth day after t			ut not an ef	fective time,	at 12:01 <b>a</b> .m	. on the earlier
Dated	CTOBER 22	1	2019	·			
	Harti					ember	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee