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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DM's Fresh Coat 11C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Destin MS Colo_ Name of Person
DM'S Fresh Cast ILC Firm/Company
315 SW Meuldin Ave
Lety City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Destin The Color at (386) 288-1728 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \cent{Certificate of Status}\$ \$\Bigcup \\$60.00 Filing Fee \& Certificate of Status \& Certificate of Status \& 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	pility Company as it now appears on	our records.)	-
(7.1101	ida Emmed Babinty Company)		
The Articles of Organization for this Limited Liability	and assigned and assigned to amend the following: Initial Limited Liability Company were filed on		
Florida document number <u>L 15000 143 550</u>	<u>) </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	·	<u>, 1</u> 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
		<u> </u>	
		- -	5 337
Enter new mailing address, if applicable:	<u></u>		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	·		<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		r records, <u>enter the nan</u>	se of the new
Name of New Registered Agent:			
New Registered Office Address:		····	
	Enter Florida si	reet address	
		, Florida Zip Co	
	CiÝ.	Zip Co	30

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 Address 310 SW Mauldin AVL **Type of Action** <u>Title</u> Name Lera City, FI 32024 & Add Destin ME Gee \square 6 \square 6 ☐ Remove ☐ Change 315 SW marldin Ave PLGR Rumell C M& Gee Lake City, F1 32024 313 EW Mauldin Ave □ Add Lako City Fl 30024 Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change D Add □ Remove ☐ Change ☐ Remove □ Change

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(If an effe Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be Int's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	lier o	f:
Dated _	July 9 2018		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00