# 118000172187

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## **COVER LETTER**

	Registration Se Division of Cor		· · · · · · · · · · · · · · · · · · ·	-		
euburc		S PAINTING, LLC				
SUBJEC	Т:	Name of Lim	ited Liability Company			
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		DIANA PANYARD				
			Name of Person			
		PANYARD'S PAINTING				
		<u> </u>	Firm/Company			
	4300 W. LAKE MARY BLVD 1010-107					
			Address			
		LAKE MARY / FL 32746	ń			
			City/State and Zip Code			
		sales@panyardspainting.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For furthe	er information co	oncerning this matter, please ca	ıll:			
DIANA I	PANYARD		407 632-1551			
	Name of	f Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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:

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

PANYARD'S PAINTING, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
the Articles of Organization for this Limited Liability Colorida document number L18000172187	ompany were filed on JULY 17, 2018	and assigned
forida document number	<u>_</u> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	<del></del>
		<b>16</b>
		SEP
nter new mailing address, if applicable:		<b>~</b> ⊇≅-
Aailing address MAY BE A POST OFFICE BOX)		<b>O</b> 1
running address 19771 BETT 1 GST GT 170E BWIN		<b>I</b>
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enteress here:	r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DIANA PANYARD	4300 W. LAKE MARY BLVD #1010-107 LAKE MARY, FL	<b>⊟</b> Add
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record specifies a delaye	d effective	date, but	not an effe	ctive time, a	nt 12:01 a.m	n. on the ear	lier (
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