# 118000172970

| (Re                     | equestor's Name)     |             |
|-------------------------|----------------------|-------------|
|                         | Lilva a a X          |             |
| (Ac                     | ddress)              |             |
| (Ac                     | ldress)              | <del></del> |
|                         |                      |             |
| (Ci                     | ty/State/Zip/Phone   | e #)        |
| PICK-UP                 | ☐ WAIT               | MAIL        |
| (Bı                     | usiness Entity Nan   | ne)         |
| (DC                     | isiness Littly (vai) | ne,         |
| (Do                     | ocument Number)      |             |
| Certified Copies        | Certificates         | s of Status |
|                         | _                    |             |
| Special Instructions to | Filing Officer:      |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |

Office Use Only



500331398875

07/15/19--01016--004 \*\*25.00



JUL 2 0 2019

#### **COVER LETTER**

| MAILING ADDRESS: STREET/COURIER ADDRESS:  |
|---|
| sa check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu |
| Name of Person Area Code Daytime Telephone Number   |
| Kathryn Derlin at (904) Lett-7323  Name of Person Area Code Daytime Telephone Number  |
| or further information concerning this matter, please call:   |
| Superior spectrumpainting e gmail.com E-mail address: (to be used for future annual report notification)  |
|   |
| Jacksonville Beach Fr 32250<br>City/State and Zip Code  |
| 1180 11th St. N<br>Address  |
| Superior Spectrum Painting UE.  |
|   |
| Kathyn Devin  |
| lease return all correspondence concerning this matter to the following:  |
| he enclosed Articles of Amendment and fee(s) are submitted for filing.  |
|   |
| Name of Limited Liability Company   |
| UBJECT: Superior Spectrum Painting, U.  |
|   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### TO ARTICLES OF ORGANIZATION OF

| Painting, LC.  y as it now appears on our records.)  hability Company) |   |
|--|---|
| were filed on July 18, 208   | and assigned  |
|  |   |
| lity company here:   |   |
| ity Company," the designation "LLC" or the abbro                       |   |
| Jacksonville Beach   | place<br>3225   |
| 1405 Constitution<br>Jacksonville Beach                                | Place   |
| fice address on our records, enter the                                 | - 1   |
|  | 1 1   |
| Enter Florida street address   | ·   |
| , Florida  | Zip Code  |
|  | lity company here:  ty Company," the designation "LLC" or the abbre  1405 CONSTITUTION  JACKSONVILLE BEACH  Lacksonville Beach  Fice address on our records, enter the: |

#### 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 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | Address                                    | Type of Action |
|--------------|-----------------------|--|----------------|
| MGR          | Patrick N. Devin, Jr. | Jacksonnie Beach, Fr.                      | <b>j</b> A_Add |
|              |                       | Jacksonville Beach. Fr.                    | LSC□ Remove    |
|              |                       |  | Change         |
|              | <del></del>           |  |                |
|              |                       |  | □ Remove       |
|              |                       |  | Change         |
|              |                       |  | D Add          |
|              |                       |  | Remove         |
|              |                       |  | Change         |
|              |                       |  | □ Add          |
|              |                       |  | Remove         |
|              |                       |  | Change         |
|              |                       | 7375                                       |                |
|              |                       |  | Remove         |
|              |                       |  | Change         |
|              |                       | PH-EM-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | _□ Add         |
|              |                       |  | _□ Remove      |
|              |                       |  | _□ Change      |

| <del></del>                         |   |
|-------------------------------------|---|
|                                     |   |
|                                     |   |
| f an effecti<br><b>Note:</b> - If ( | date, if other than the date of filing:   |
| e recor<br>The 90                   | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated                               |   |
|                                     | Signature of a member or authorized representative of a member  |
|                                     | Kathryn Devin   |

i.b. It amending any other into mation, enter change(s) here. (Ander dualitonal sneets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00