## L18000 225906

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## **COVER LETTER**

TO: Registration Section Division of Corporations	raer
Sheark PAN	NTINA 11-6
SUBJECT: Schenck Park Name of Limi	ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	to the following:
	y Schenia
	✓ Name of Person
5	Ehenck PAINTING
	Firm/Company
1951 Hu	THE TEATY (IC
	Address
20,001.0	C 330/0
	Civis FC 32068  Civis State and Zip Code  AINTINGO GMAIL. Con  o be used for rature annual report notification)
Scheck	AINTINGO GMAIL. CON
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, please ca	ill:
Doug Schenie	386 714-3667
Name of Person	at + 386   216 - 366 7 Area Code Dayume Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution See Sectificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

_	O ORGANIZATION
(Name of the Limited Liability Compa (A Florida Limited	WTING LLC inv as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800022 S906</u>	were filed on $9-24-18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Schence PaiNTING LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	MIDDLEBURG FL JOGS
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1951 HENTERS TRACE CIT MIDDIEBUS For DOGS
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

City

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>	<u>Address</u>	Type of Action
			□AM
			□Remove
			☐ Change
			\ \ \ \_Add
		□Remove	
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(If an effe	ve date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Filing Fee: \$25.00