118000257293

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600330895036

05/25/19--01003--017 +•13.00

2013 JHT 26 AM 10: 14

R. WHITE.
JUL 09 2019

COVER LETTER

	Registration Sec Division of Corp			•	•	•		
SUBJEC	TT: J	16 HC		ad Liability Compan		Install	iation IC	
	osed Articles of A			_				
			Evelyn	Patino Name of Person	, ii			
		J.76	handym	90 3 70 Firm/Compan	<u>و</u> y	Install	ation Services	llc
		3307	Anso	el Ace	5	·		
		Lehig	gh Acro	es H City/State and Zip	33	973		
			·mail address: (to	be used for future a	nnual r	eport notificari	ion į	
. o aurili	er information co	ncerning this m	atter, please call	l:				
_(EVELYN Kame of	Patin	0	at (<u>339</u> Area Code	_)	319-3 Daytime Tel	la lephone Number	
ləsed	is a check for the	: following amo	unt:					
X ×25.0	00 Filing Fee	□ \$30.00 Fili Certificat	ng Fee & e of Status	S55.00 Filing Certified Co (additional copy	ру		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
	MAILI	NG ADDRESS	:	STI	REET	/COURIER	ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11/1/2018 and assigned be Articles of Organization for this Limited Liability Company were filed on ____ Fronds document number 418000 asta93 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SSIC Painting LLC uishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: NIA Principal office address MUST BE A STREET ADDRESS) Unter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ City

New Registered Agent's Signature, if changing Registered Agent:

Increby 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 a cept 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 addor removed from our records:

MGR = Manager \(\text{MBR} = \text{Authorized Member} \)

Little	<u>Name</u>	<u>Address</u>	Type of Action
らら		NIA	
			□ Remove
			☐ Change
_			🗀 Add
			☐ Remove
			Change
		Add	
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			☐ Change

	NA	
		
-		
n eneenv <u>ste:</u> Hith	ate, if other than the date of filing:	
record he 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier h day after the record is filed.	of:
.ed	June 23'd 2019	
	Guelan Pakino	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00