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(Requestor's Name)
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PICK-UP WAIT MAIL
(Dusiness Falik Mary)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

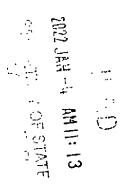
Office Use Only

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

SUBJECT: <u>PP</u> I	STINE PAIN Name of Lim	NTING ラザ STEI ited Liability Company	us
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	RAJIV A	BERT GOLDING Name of Person	J. A
	PRISTINE	Firm/Company	1STEMS
	2211 NE	STH TERRAC Address	€
	CAPE COR	City/State and Zip Code  Drug v @ Grun F  to be used for future annual report notil	33909
	RATIV GOL E-mail address: (i	DNR N C GNAF to be used for future annual report notif	L. COM
For further information co	ncerning this matter, please co	all:	
PA JIV GO Name of	Person	at ( <u>210</u> ) <u>940 -</u> Area Code Daytimo	- 8347 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAINTING S	YSTEMS	
ibility Company as it now appea orida Limited Liability Company)	ars on our records.)	
y Company were filed on 🔼	100. 20TH 2018	and assigned
733		
ı.		
limited liability company h	ere:	
VG LLC		
Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
ODRESS)		
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City	, 1 1011014	Zip Code
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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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