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(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co	rporations	1	
SUBJECT: Four	ndation Paints	ng and Premode nited Liability Company	elling LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Denise	Name of Person	<u>.</u>
	foundation	Panta Firm/Company	
	286) Forest H	alls Blvc1 Apt 13	
	Coral Sprin	GS FL 3306. City/State and Zip Code	
	de 115e 2245 De ha	Amay - Com	autiant,
For further information of	concerning this matter, please c	all:	
Dense Name o	Elis of Person	at (954) 820 Area Code Daytime	E Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Cortificate 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1900002886</u> .	any were filed on 12 31 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS))
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILE MAN OF TALLAHASSE
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the πame of the sew registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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

Zip Code

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>	Address	Type of Action
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		Signatur	re of a member	or authorize	d representa	live of a me	nber	·	