## L190000 23801

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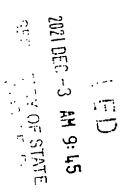
Office Use Only

A. RIVERS
DEC 1 7 2021



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## · COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Show case Painting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Sanita Savarese Name of Person
Soucase Parting-
2398 Countercial Way #143
Spring Hol FL 346.06  City/State and Zip Code  Showcase Painting 409mal. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for furtire annual report notification)  or further information concerning this matter, please call:
Santa Savarese at 352 379 9756  Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:  ■ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy  (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy  (additional copy is enclosed)
Mailing Address:  Registration Section  Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1900023801}{L1900023801}$ .	were filed on 1/22/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	2398 Commercial way #143 Soring Hill FL 34606
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2398 Commercial way #143 Spring thill FL 34606
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	\$ 202
New Registered Office Address:	Emer Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	inging 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
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			Change
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			□Remove
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			□Add
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	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
·	
<del></del>	
(If an effective Note: If the	ate, if other than the date of filing:
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1	Signature of a member or authorized representative of a member
_	Sanita Servare Se  Typed or printed name of signee

• • • • •

Filing Fee: \$25.00