## K19000034401

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## . COVER LETTER

TO: Registration So Division of Cor					
	N PAINTING LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	RHONDA LONGHORN				
		Name of Person			
	LEON P WILDE CPA IN	C			
		Firm/Company			~3
	969 S FEDERAL HWY S	TE #400		SECRI TAL	2021 JUL 19 PH 2: 09
		Address		_FZ¥	
	STUART, FL 34994			RY 0	9 PI
	RHOJO@BELLSOUTH.N	City/State and Zip Code ET		FSTA	4 2: (
	**	to be used for future annual rep	ort notification)	- F	9
For further information c	oncerning this matter, please c	all:			
RHONDA LONGHORN	· ·	772-2	20-7658		
Name o	f Person		Daytime Telephone Numb	ber	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi ed) Certifi	Filing Fee. icate of Stated Copy and copy is en	tus &
Mailing Address		Street Addi			
Registration S Division of C		<del>-</del>	on Section of Corporations		
P.O. Box 632	-		re of Tallahassee		
Tallahassee	FI 32314	2415 N. X	Approx Street, Suite	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{119000034401}{119000034401}$ .	were filed on <u>02/04/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
HANG TEN PROPERTY SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70 21 TA
(Principal office address MUST BE A STREET ADDRESS)		TARY OF ANALYSEE
Enter new mailing address, if applicable:	1 1	S 25
(Mailing address MAY BE A POST OFFICE BOX)	<b>V</b> (	31AV
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</u>	name of the new regi
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida sweet address	
	, Florid:	a
<del></del>	City	Zip Code

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

TEANIZE TONE DATABOUNCE E E CO

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, 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 Acti	<u>ion</u>
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Effective date, if other tha	n the date of filing:		_ (optional)		
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	the Department of State's records.				
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