## L19000034959

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Technician Painting UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark Dariv	
Techician Painting ULL Firm/Company	
4498 Handsome Quarter	
Tallahassee FL 32335  City/State and Zip Code  golf > langer Mrd & gma.' 1, com  gi-mail addryss: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark Davis  Name of Person  at (85V) 766-4454  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on  $\frac{2}{12}$ Florida document number <u>L 19 0000 34959</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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:

	City	Florida Zip Code
New Registered Office Address:	Enter Florida street a	uldress
Name of New Registered Agent:		

## 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 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 added tor removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		4498 Hundsome Quarters tull-	Remove
		FL 32309	Change
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, amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ian effe Note:	re date, if other than the date of filing:
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated <sub>-</sub>	7/25/19
	Signature of a member or authorized representative of a member
	$M \cap A = \{ (x, y) \in A \}$

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Filing Fee: \$25.00