## 1190000 45778

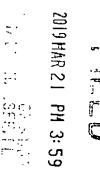
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900326381749

03/21/19--01013--013 \*\*25.00



C. GOLDEN APR - 1 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BEST PAINTING SOLUTIONS LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MICHAEL J. MCNERNEY
(Contact Person)
BEST PAINTING SOLUTIONS LLC
(Firm/Company)
796 N. RIOVICTA BLUD
(Address)
FTLAUDERDALE FLURIDA 33301
(City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL COWEN at (561) 9299264
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Cliffon Building
Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BEST PAINTING SOLUTIONS L.L.C.

2019 HAR 21 PM 3:59

BEST FAINTING SOLUTIONS L.L.C.	
(Name of the Limited Liability Company as if now appears (A Florida Limited Liability Company)	on our records.)
(A Florida Limited Liability Company)	the Control of the Strain
The Articles of Organization for this Limited Liability Company were filed on	B 14 2019 and assigned
Florida document number <u>L 19000045778</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> ;
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the 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)	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	la street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this caprovisions of all statutes relative to the proper and complete performance of maccept the obligations of my position as registered agent as provided for in Chebeing filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	y dulies, and I am familiar with and

. If amending A	Nuthorized Person(s) authorized to ma <u>rom our records</u> :	nage, enter the title, name, and address of each p	person being added
MGR = Mar AMBR = Aut	nager thorized Member	AD-	
MGR	MICHABL COWEN	Address 95/BURGUNDYB DELRAYBEAHFL	Type of Action  33484  Add
MGR	CONNIE LOEMENTHAL	796NRIONISTABLUD FILAUDT	☐ Remove  Change  Add
AMBR	MICHAEL J. Mc NERWEY	796 N.RIOVISTA BLVD FHAUDERDAE	□ Change  L Add  Remove
			_□ Change _□ Add _□ Remove
			_□ Change _□ Add _□ Remove
			_□ Change _□ Add _□ Remove
			□ Chausa

If ffan	tion date 18 call and the committee of t
(H'an ei	tive date, if other than the date of filing:
10.00	If the date inserted in this block does not incer the applicable statutory filing requirements, this date will not be listed as a
docui	nent's effective date on the Department of State's records.
tha ro	
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MARCH 18 ,2019
	·
	Michael Cowen
	Michael Coven  Signature of a member or authorized representative of a member
	Michael Cowen Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00