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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(December 1)
(Document Number)
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COVER LETTER

TO:		ration Sect n of Corpo				
eub iez		B PAINTI	ERS LLC			
SUBJEC	ــ: <u></u>		Name of Lim	ited Liability Company		
The encl	osed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all	correspond	dence concerning this matter	to the following:		
			JANICE DENISE JOHNS	ON		
				Name of Person		
			OFB PAINTERS LLC			
				Firm/Company		
			11492 WHITEHOUSE RO	DAD		
	Address					
			TALLAHASSEE, FL 323	17		
City/State and Zip Code					 _	
			JARDANJAN@GMAIL.C			
			E-mail address: (to be used for future annua	l report notification)	
For furth	er infor	mation con	cerning this matter, please ca	all:		
JANICE DENISE JOHNSON		850 44 at ()	43 <i>-</i> 4784			
- '-		Name of F	Person	Area Code	Daytime Teleph	one Number
Enclosed	is a ch	eck for the	following amount:			
□ \$25.	00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fcc Certified Copy (additional copy is er		1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 OF

OFB PAINTERS LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	ility Company were filed on FEBRUARY 25, 2019	and assigned
This amendment is submitted to amend the follow	ing:	R 15 PH
A. If amending name, enter the new name of th	ne limited liability company here:	PR 12: 5
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>e address here</u> :	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JANICE DENISE JOHNSON	11492 WHITEHOUSE ROAD	
		TALLAHASSEE, FL 32317	
			□ Remove
			■ Change
MGR	OSCAR FABIAN BANDY JR.	11492 WHITEHOUSE ROAD	
		TALLAHASSEE, FL 32317	
			Remove
			■ Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			
			Remove
			Change
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if neces,	· · ·
	·····
	
03/15/2019	D
(option (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after form. If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 (3
the record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	.m. on the earlier of:
Dated March 15 , 2019	2
Ola la m	2019 HAR
Signature of a member/or authorized representative of a member	
JANICE DENISE JOHNSON	ILED ASSIF
Typed or printed name of signee	- PH IZ:

Page 3 of 3

Filing Fee: \$25.00