## 1190000 15898

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
|                         | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bi                     | usiness Entity Nan | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    | 5/X         |

Office Use Only



04/06/20--01033--005 \*\*30.0





April 17, 2020

PRESTON CHATMON 3373 MAHOGANY POINT LOOP LAKELAND, FL 33810

SUBJECT: MASTERS PAINTING 1 LLC

Ref. Number: L19000075898

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU MUST SUBMIT ALL PAGES 1 THRU 3 FOR FILING. PAGE 2 OF 3 IS MISSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00008149

Querida R Moore Regulatory Specialist II

www.sunbiz.org

| TO: Registration Sect<br>Division of Corpo |                                |   |  |
|--|--------------------------------|---|--|
| . Masters Paint                            | ing 1 LLC                      |   |  |
| SUBJECT:                                   | Name of Lim                    | ited Liability Company  |  |
|  |                                |   |  |
| The enclosed Articles of A                 | mendment and fee(s) are sub    | mitted for filing.  |  |
| Please return all correspond               | dence concerning this matter   | to the following:   |  |
|  | Preston Chatmon                |   |  |
|  |                                | Name of Person  |  |
|  | Masters Painting 1 LLC         |   |  |
|  |                                | Firm/Company  |  |
|  | 122 E Main Street #295         |   |  |
|  |                                | Address   |  |
|  | Lakeland, Fl 33810             |   |  |
|  |                                | City/State and Zip Code   |  |
|  | info@masterspaintingllc.co     |   |  |
|  | E-mail address: (              | to be used for future annual report notif                           | ication)   |
| For further information cor                | cerning this matter, please ca | ali:  |  |
| Preston Chatmon                            |                                | 863 427-5339<br>at ()   |  |
| Name of E                                  | Person                         | Area Code Daytime   | e Telephone Number   |
| Enclosed is a check for the                | following amount:              |   |  |
| □ \$25.00 Filing Fee                       | Certificate of Status          | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|  | Parevisusly Pare see Alfached  | (and more copy to encrosed)   | (additional copy is enclosed)                                      |
| Mailing Address:                           |                                | Street Address:   |  |

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

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Masters Painting 1 LLC

| (Name of the Limi  | ted Liability Comp<br>(A Florida Limited                           | ny as it now appears on our rec<br>Liability Company)    | ords.)   |                      |
|--|--|--|--|----------------------|
| The Articles of Organization for this Limited L  |  | were filed on March 20, 201                              | and ass  | igned                |
| This amendment is submitted to amend the foll  |  |  |  |                      |
| A. If amending name, enter the new name o  | f the limited liab   | ility company here:                                      |  |                      |
| The new name must be distinguishable and contain the v   | vords "Limited Liabi   | lity Company," the designation "L                        | LC" or the abbreviation "L.                      | L.C."                |
| Enter new principal offices address, if applic   | rable:   | 122 E Main Street #295                                   |  |                      |
| (Principal office address MUST BE A STREE  |  | Lakeland, Fl 33801                                       | 2020   | <u></u>              |
|  |  |  | 1020 HAY   | 23                   |
|  |  |  | -7   | + 34<br>324<br>3 - 4 |
| Enter new mailing address, if applicable:  |  | 122 E Main Street #295                                   | A  |                      |
| (Mailing address MAY BE A POST OFFICE  | BOX)   | Lakeland, Fl 33801                                       | œ  | <b>.</b> ₹.          |
|  |  |  | 29   | • • •                |
| B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  |  | address on our records, <u>ent</u>                       | er the name of the new                           | regis                |
| New Registered Office Address:   | 122 E Main Str   | eet #295   |  |                      |
|  |  | Enter Florida street add                                 | ress   |                      |
|  | Lakeland   |  | Florida 33801                                    |                      |
| New Registered Agent's Signature, if changing I  | Penistered Agent:  | City   | Zip Code   |                      |
| hereby accept the appointment as registere provisions of all statutes relative to the propercept the obligations of my position as regineeing filed to merely reflect a change in the company has been notified in writing of this | d agent and agreer and complete stered agent as pregistered office | performance of my duties,<br>provided for in Chapter 602 | and I am familiar with 5, F.S. Or, if this docur | n and<br>ment        |

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Act |
|--------------|-------------|---------|-------------|
|              |             |         | \ \_Add     |
|              |             |         | □Remove     |
|              |             |         | □ Change    |
|              |             |         | □Add        |
|              |             |         | □Remove     |
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|              |             |         | □Change     |
|              |             |         |             |
|              |             |         | □Remove     |
|              |             |         | □Change     |

## Page 2 of 3

| (If an e | effective date, if other than the date of filing: 12020 (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. |
|----------|--|
| the re   | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie   |
| ) Th     | e 90th day after the record is filed.  |
| Date     | d April 2,2020 2020  |
|          | 401/   |
|          | Signature of a member or authorized representative of a member   |
|          | Preston Chatmon  |
|          | Typed or printed name of signee  |

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