## 119000123433

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Free Amendment due to nume not being Available at time of Filing-

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SECRETARY OF STATE

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		PLUS SRQ LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		JUSTIN DEMINT		
			Name of Person	
		_	Firm/Company	
		3733 PRUDENCE DR.		
			Address	
		SARASOTA FLORIDA 3-	4235	
			City/State and Zip Code	<del></del>
		Paintersplus941@gmail.com	n to be used for future annual report notifi	antion)
Dan Graker in te	. 45			cation)
For further if	Hormation co	oncerning this matter, please co	и:	
JUSTIN DE			941 879-1796 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ZHY SEP 16 PH 3: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAINTERS PLUS L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000123433	mpany were filed on05/07/2	019 and assigned
riorida document number	e.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PAINTERS PLUS SRQ LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		t odderer
	Enter Florida stree	t tutti ess
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	City	

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
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		-	□ Remove
		<del></del>	□ Change
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		- <del></del>	Add
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			Change
			Remove
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(If an ef	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Datud	15199
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00