## L19000126930

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



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Amend

DEC 30 TOTAL ALBRITTON



## **COVER LETTER**

тд:	Registration Sec Division of Corp	porations	\$ \$	•	Çet
SUBJE	CT:	Orange B) Name of Lim	OSSOM Painting ited Liability Company	and Remode	ling we
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspor	dence concerning this matter	to the following:		
		tzh	Name of Person	d	
			Firm/Company		
		7374 Roy	al Birkdale	Dr.	
			City/State and Zip Code		
		ashleygring E-mail address: (	Naldi 941 @ 9ma to be used for future annual report not	ification)	
For furth	er information co	ncerning this matter, please ca	all:		
A	Name of	CVIMADI Person	at (941) 685 Area Code Daytin	ne Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
	Mailing Address Registration Se	ection	Street Address: Registration Se	ction	
	Division of Co	rporations	Division of Cor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drange Blussom	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 000 12 6930</u>	were filed on $\frac{510/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	70 S
	C 3C
Enter new mailing address, if applicable:	Shirt The Market The M
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del> </del>	
	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
<u>AMBR</u>	Richard Clark	J374 Royal Sarwota, Fi	Birkclale Drygnou
		Sarasota, Fi	134938     Remove
			□Change
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an effective ote: If the	ate, if other than the date of filing:
record species filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	12/30 . 2019.
-	Signature of a member or authorized representative of a member