

L19000130763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

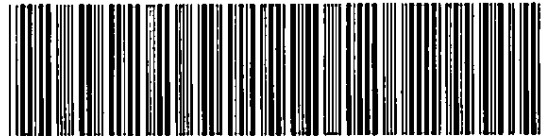
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300337425343

11/27/19--01009--014 \*\*30.00

FILED  
SECRETARY OF STATE  
19 NOV 27 PM 12:58  
DIVISION OF CORPORATIONS

*Amund*

JAN 04 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fauxco Fine Finishes LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Prent Milhoan  
Name of Person

Fauxco Fine Finishes  
Firm/Company

915 N Palmway Lake Worth  
Address

Lake Worth / FL 33460  
City/State and Zip Code

fauxco.pbc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Prent Milhoan at (970) 376-6040  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 27 PM 12:58

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

RECEIVED  
SECRETARY OF STATE  
19 NOV 27 PM 12:59

The Articles of Organization for this Limited Liability Company were filed on 5-14-2019 and assigned  
Florida document number L19000130763

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Michael Prent Milhoan  
918 N Palmway  
Lake Worth, FL 33460

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 our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael Prent Milhoan

New Registered Office Address:

918 N Palmway  
Enter Florida street address  
Lake Worth, Florida 33460  
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>	<u>Address</u>	<u>Type of Action</u>
member	Michael Prent Milhoan	918 N Palmway	<input checked="" type="checkbox"/> Add
		Lake Worth FL, 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Susan Milhoan	215 Greenway Circle	<input type="checkbox"/> Add
		Exception 2A Avon CO 81620	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Gaby Milhoan	215 Greenway Circle	<input type="checkbox"/> Add
		Avon CO 81620	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 22, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael Prent Milhoan

Typed or printed name of signee