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





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2019 FEC 16 FH 5: 57

R. WH!TE JAN 1 5 2020

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Things	s + Paintings 1 Name of Lim	LLC ited Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden-	ce concerning this matter	to the following:	
_	Scott Muy	15KENS Name of Person	
	Things + Pa	Figh/Company	<del></del>
_	3051 Home	stad Ct Address	
_	Clearwater	FL 33759 City/State and Zip Code	
_	5 MUYSKEUS E-pail address: (	FL 33759 City/State and Zip Code  Cout look. com to be used for future annual report not	ification)
For further information concer	ning this matter, please c	all:	
Scott Muysher Name of Pers	<b>45</b>	at ( <u>312</u> ) <u>4/5</u> Area Code Daytin	- 7777 ne Telephone Number
Enclosed is a check for the fol	lowing 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti	on	<u>Street Address:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Things + Paintings 2	-LC 2019 DTO 16 FM 5: 57 ility Company as it now appears on our records.) ida Limited Liability Company)
(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on July 25 2019 and assigned
Florida document number <u>L19000190 47</u>	<u>,                                    </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "I.	imited 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registere</u>
	•
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 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>	Name	Address	Type of Action
AMBR	Scott Muyshens	3051 Homestead Ct	□Add
		Clearwater FL 33759	
			□ Change
MGR Scott Mujskens	Scott Mnyskens	3051 Homestead CL Clearwater FL 37759	GXdd
		Clearwater FL 37759	□Remove
			□Change
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(If an effective Note: 1	ce date, if other than the date of filing:
he record ord is file	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 d.
	December 11 . 2019 .
Dated _	
Dated _	Signature of a member or authorized representative of a member

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