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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		OM PAINTING LLC		
JOBJE	C1	Name of Lim	ited Liability Company	
The are	land Ambalas of	A d d C(-) N	. In the last	
		Amendment and fee(s) are sub	-	
ricase r	eturn all correspo	ondence concerning this matter	to the following:	
		John Beasley		
			Name of Person	
		JTB CUSTOM PAINTIN	G LLC	
			Firm/Company	<del></del>
		10514 Nixon rd		
		•	Address	<del></del>
		Tampa Florida 33624		
		Tylerbeasley79@gmail.co	City/State and Zip Code	<del></del>
			to be used for future annual report noti	fication)
For furtl	ner information c	oncerning this matter, please co	•	,
John B	easlev	<del>-</del>	813494720	3
		f Person	at ()	e Telephone Number
	Name o	i rerson	Area Code Dayum	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$</b> 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:

TO:

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 Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-	2010 0-
JAT.	Storn Point not	1015 ( - 24 PM 1:44
(Name of the Limited Liability Company as it now appears on our records.)  (Name of the Limited Liability Company)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (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 "LLC."  (Principal office address MUST BE A STREET ADDRESS)  (Principal office address MUST BE A STREET ADDRESS)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  Name of New Registered agent and/or the new registered office address here:  Name of New Registered Agent:		
<del>-</del>		and assigned
Florida document number	<del></del> ,	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
( <u>Principal office address MUST BE A STREET A</u>	(DDRESS)	
Estar non malling address if applicables		
Mauing address MAT BE A FOST OFFICE BO		· · · · · · · · · · · · · · · · · · ·
		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	idress
		, Florida
•	City	Zin 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> Joseph Michael Beasley	<u>Address</u> 10514 Nixon rd 33624	Type of Action
Mgr ———			
		<del></del>	■ Remove
			Change
			Add
			☐ Remove
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		<u> </u>	
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			Remove
			□ Change

Iffective date, if other than the date of filing:  (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 of Note:  (but: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  (be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the effective day after the record is filed.	· <u></u>
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Typed or printed name of signee

Filing Fee: \$25.00