## 19000208061

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C Kinsey

## **COVER LETTER**

TO:

Registration Section Division of Corporations

OLID ID OR	st Painting LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jamel R Oliver		
		Name of Person	
	Pro Painting & Renovatio	ns LLC	
	- <del></del> -	Firm/Company	
	147 Tollgate Trl		
	<del></del>	Address	
	Longwood Fl, 32750		
	•	City/State and Zip Code	
	propaintingandrenovations(	@gmail.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
Jamel R Oliver		407 821-4931	
Name o	f Person	at () Area Code Daytiπ	ne Telephone Number
Enclosed is a check for the	ne 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Cor	rporations
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i ananassee, i	L 32314	2413 N. Monfo	e sireet, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability	Company as it now appears on or	r records )
	(A Florida Li	Company as it now appears on or mited Liability Company)	11 1 66 VI MIL)
	es of Organization for this Limited Liability Concument number L19000208061	npany were filed on $\frac{08/15/20}{}$	and assigned
This amen	dment is submitted to amend the following:		
A. If ame	nding name, enter the new name of the limited	d liability company here:	
Pro Paintin	g & Renovations LLC		
The new nan	ne must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new	r principal offices address, if applicable:	Same	
Principal	office address MUST BE A STREET ADDRES	<u> </u>	20
		<del></del>	27
			) <u> </u>
Enter new	mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	PH
			· · · · · · · · · · · · · · · · · · ·
			<del> </del>
	nding the registered agent and/or registered o /or the new registered office address here:	ffice address on our records	s, <u>enter the name of the new reg</u> i
<u>N</u>	lame of New Registered Agent:		
<u>N</u>	lew Registered Office Address:		
		Enter Florida stre	et 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 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>	Name	Address	Type of Action
MGR	Oliver, Makenzie L	147 Tollgate TRL	
		Longwood, FL 32750	■Remove
			□Change
	<del></del>		□Add
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			Change

ffective date, if other than the date of filing:	<del> </del>	
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	/.	////_
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	<del></del>	Typed or printed name of signee

Filing Fee: \$25.00