L19 CCC 208 061

(Requ	estor's Name)	
(Addre	 ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Ооси	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
		10/15/31
		1111

Office Use Only



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COVER LETTER

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TO: Registration S Division of Co			
	g & Renovations LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jamel Oliver		
	<u> </u>	Name of Person	
	Pro Painting & Renovation	ns LLC	
		Firm/Company	
	147 Tollgate Trl.		
		Address	
	Longwood, Fl, 32750		
		City/State and Zip Code	
	jroliver2121@gmail.com		
For further information c	concerning this matter, please c	to be used for future annual report no all:	tification)
Jamel Oliver		407 821-4931 at (
Name o	f Person		me Telephone Number
Enclosed is a check for t	he 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		Street Address:	ection
Division of C		Registration S Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Painting & Renovations LLC

21 OCT -7 PH 3: 03

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

The Articles of Organization for this Limited Liability Company	y were filed on 08/15/2019	and assigned
Florida document number L1900028061		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addres	xx
		orida
	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>	<u>Name</u>	Address 21 007 -7 PM 3: 03	Type of Action
AMBR	Jamel Oliver	147 Tollgate Trl, Longwood Fl, 32750	≣ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
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			□Add
		□Remove	
			Change
			□Add
			Remove
			Change
			
			Remove
			□ Change

	21 OCT -7 PH 3: 03
	21 001
	
	
	
Note: If the date inserted in the	the date of filing:
the record specifies a delayed effected is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10/02	2021
Dated Sinu	
/	Signature of a member or authorized representative of a member
Jamel Oliver	Signature of a member or authorized representative of a member