

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900336446279

11/08/19--01027--001 **25.00

19 NOV -8 AN SE 52

DEC 0 6 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Gay	Name of Limi	MT COMP ted Liability Company	any
The enclosed Articles of Ame	ndment and fee(s) are sub-	nitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
-	Brya	Name of Person	ner
-	Garne	Paint Firm/Company	Company
-	603	46th St. Address	W
-	Palme H	City/State and Zip Code	Mail. (OM)
	E-mail address: (t	o be used for future annual of	mail. Com
For further information concer	ming this matter, please ca	11:	
Bryan G	arner	at (A4) Area Code	Daytime 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 enclo	Certificate of Status &

MAILING ADDRESS:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Garner</u> Pa	int Company	1. V
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>15.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L190023500</u>	ompany were filed on $\frac{9/17}{8}$	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Local Paint (Company LLC.	A
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	or the abbasylation F.L.C.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS)	
	 	
		53 DA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	**	
B. If amending the registered agent and/or regist	ered office address on our record	s, enter the name of the new
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	22
		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 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>	Address	Type of Action
			☐ Remove
		 	
		<u> </u>	□ Add
			□ Remove
			☐ Add
			Remove
			☐ Change
		□ Add	
		□ Remove	
			☐ Change
			□ Remove
			□ Change
			Remove
			□ Change

	·
Effec	ctive date, if other than the date of filing: (optional)
If an e <u>Note</u>	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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
ne re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	11/07/2019
	(ht III , En con
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00