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(Re	equestor's Name)	
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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S. YOUNG

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# **COVER LETTER**

	vision of Cor			
SUBJECT:	Florida Pai			
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Levan Zhizhilashvili		
			Name of Person	
		Florida Painters LLC		
			Firm/Company	
		6729 Helmsly Cir		
Address				
	Windermere, Florida 34786			
			City/State and Zip Code	<del> </del>
		FloridaPaintersLLC@gmai		
		E-mail address: (	to be used for future annual repor	t notification)
For further i	information c	oncerning this matter, please c	all:	
Levan Zhiz	hilashvili		407 738-288	89
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	ailing Addres		Street Addre	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Painters LLC		. 20
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/21/2019	and assigned
This amendment is submitted to amend the following:		f 7: 2
A. If amending name, enter the new name of the limited liab	oility company here:	<u>-</u>
US Painting Service LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6729 Helmsley Cir, Windo	ermere, 34786
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6729 Helmsley Cir. Winde	:rmere, 34786
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
<del></del>		, 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
<del>,</del>			🗆 Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
	<del> </del>	<u> </u>	□Add
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·			
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			🗆 Change
	<del></del>		□Add
			□Remove
			□ Change

# Page 2 of 3

. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	18-81-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Note: If the date in	other than the date of filing:  (optional)  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 (3 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated 7/3	, 2020
	Signature of a mergoer or authorized representative of a member
	Levan Zhizhilashvili  Typed or printed name of signee

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Filing Fee: \$25.00