

L20 0000 85819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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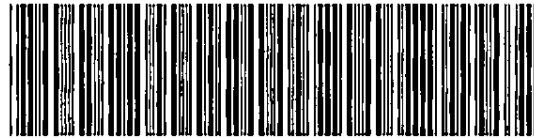
(Business Entity Name)

(Document Number)

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2020 OCT 29 PM 6:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

LA.  
12/07/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAKING IT RIGHT PAINTING & FLOORING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TYSHAWN SINGLETON

\_\_\_\_\_  
Name of Person

MAKING IT RIGHT PAINTING & FLOORING LLC

\_\_\_\_\_  
Firm/Company

4190 PLANTATION OAKS BLVD UNIT 1324

\_\_\_\_\_  
Address

ORANGE PARK, FL 32065

\_\_\_\_\_  
City/State and Zip Code

MAKINGITRIGHTLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

TYSHAWN SINGLETON

904 351-0181  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$70.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MAKING IT RIGHT PAINTING & FLOORING LLC

(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 were filed on MARCH 19, 2020 and assigned  
Florida document number 1.20000085819.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**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:

New Registered Office Address:

*Enter Florida street 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VANESSA SINGLETON	7901 4TH STREET N	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change
MGR	TYSHAWN SINGLETON	7901 4TH STREET N	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE REMOVE VANESSA SINGLETON AND ADD TYSHAWN SINGLETON.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 26, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

a member

Vanessa Singleton