## L20000095727

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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: DVQ dia	this Painting and	L Wallpaper Ser	vices, LLC
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Claudia	S.Q.Q.L.L.Y Name of Person	
	Ovadiahis P	ainting and Wall	paper Services, LLC
	1008D_Shan	non Avenue	
		Flovida 34400 City/State and Zip Code	
	OVadia S (E-mail address:	Danting @ Gmail to be used for future annual report notice	fication)
For further information co	oncerning this matter, please ca	all:	
Denrick Name of	Person	at ( <u>\$13</u> ) (650 - 4 Area Code Daytim	234 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Cor	porations
r.O. DOX 032	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ovadiatis Painting a	ind Wallpaper Services, LLC
(Name of the Limited Elability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L2000095727</u>	ompany were filed on April 31d, 2020 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:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	9 7
	0.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rmer r iorida sireei auaress
	City , Florida, Florida
	City Zin 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
Mar_	Denrick Prince	6080 Shannon Avenue	& Add
,		Spring Hill Florida 341	<u>cÒlø</u> □Remove
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(II an elle Note:	(optional) etive 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the original of the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	April 27th 2020.
	Signature of a member or authorized representative of a member
	Claudia Sealey

Filing Fee: \$25.00