

L20 000 097640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

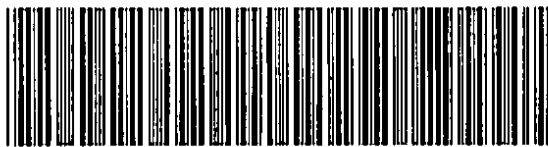
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300393954283

03/09/22--01006--030 **25.00

22 SEP -9 PM 1:32
DIVISION OF REVENUE COLLECTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRUSHES & PAINT STUDIO 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:

DALLEL C ALEMAN

Name of Person

BRUSHES & PAINT STUDIO LLC

Firm/Company

713 BALSAM AVE

Address

LEHIGH ACRES, FL. 33974

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DALLEL C ALEMAN

Name of Person

239

at ()

Area Code

3197080

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)

☐ \$60.00 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

22 SEP -9 PM 1:32

Division of Corporations

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BRUSHES & PAINT STUDIO 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 04/06/2020 and assigned Florida document number L20000097640.

This amendment is submitted to amend the following:

4. 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:

713 BALSAM AVE

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL, 33974

Enter new mailing address, if applicable:

713 BALSAM AVE

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES, FL, 33974

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

[illegible]

DIVISION OF CORRECTIONS
22 SEP -9 PM 1:32

22 SEP -9 PM 1:32

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 AUGUST 24

2022

DALLEL C ALEMAN

Typed or printed name of signee