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(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:	
	5 3





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Division of Corporations
SUBJECT: NJC Paints and pre-Ssure washing Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Northaniel J Cutter Name of Person
NJC paints & Pressure washing
353 6th ave 5
Jacksonville Beach FL 32250 City/State and Zip Code
Parall address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Nathan Cutter at 904 240 - 221 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & C

TO:

Registration Section

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

NIC Paints & Pressure Washing LC

		ny as it now appears on lability Company)		
The Articles of Organization for this Limited L	iability Company 1 <i>み</i> 3153	were filed on Aug	14,2021 and	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	+S ANA	Service Sty Company," the design	es LL (ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE			>	
			•	SE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	NA	,	
B. If amending the registered agent and/or regent and/or the new registered office address	•	address on our recor	ds, <u>enter the name</u>	e of the new registe
Name of New Registered Agent:	NIA			
New Registered Office Address:	MIA	Enter Florida si	treet address	
		Circ	, 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.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alison Porter	3305thane S, 32250) Add
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ctive date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	ust be specific and cannot be polock does not meet the ap	orior to date of filing or n plicable statutory filir	iore than 90 days after	filing.) Pursuant to 605.
	iva data, hut not an affactio	re time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
	ive date, but not an effective			
ord specifies a delayed effectivitied.	White - City	HT.		