(Requestor's Name)				
*-·				
(Address)				
(Address)				
(Mudiess)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
JUL 2 2 2022				
A. LUNT				
IMIANIA OCO NIQUATIONA				
missing pap signature				
Office Use Only				



800387174948

05/06/22--01021--022 \*\*55.00

2022 JUL 22 AM II: 27



June 30, 2022

PATRICK O'DELL 482 PINK CORAL LANE NEW SMYRNA BEACH, FL 32168

SUBJECT: PROFESSIONAL PAINTING & COATING LLC

Ref. Number: L20000119715

We have received your document for PROFESSIONAL PAINTING & COATING LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted is incomplete.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt Regulatory Specialist III

Letter Number: 722A00014757

www.sunbiz.org

DO DOM GOOD TO U

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Professional Painting Co	phony   Cating
	•
The enclosed Articles of Amendment and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the followin	g:
Patrick O'De Name of	Person
Professional Do	mpany & Coating
482 PINK CON	ss
New Srnyng PPC 19746	Beach F1 32168  Zip Code  Land. Com  ure annual report notification)
	are amuai report nonneation)
For further information concerning this matter, please call:	
Patrick ODELL at (3 Area	86) 427-6177 Code Daytime Telephone Number
Enclosed is a check for the following amount:	!
Certificate of Status Certified	iling Fee &   \$60.00 Filing Fee.  I Copy   Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
rananassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED JECRETARY OF STAND JEVISION OF CORPORATE

2022 JUL 22 AMII: 27

Professional Painting (Name of the Limited Liability Company)	4 (or +1) 9  ny as it now appears on our records.)
(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000/19715</u> .	were filed on May 4 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Professional Painting E	a Contina PP&C LLC
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)	
Truckers, was a second of the	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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:	<u>:</u>

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			☐Change
			□Add
			☐ Change
			□Add
			□Remove
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			☐ Change

	5 mily other i	nformation, en					cem, y nee		
						1		<u> </u>	
		· · · · · · -	·						<del></del>
						<u> </u>			
	<del></del>								
	· ·-		·		<del></del>	,		<del></del>	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				 			2022
				<del></del>					JUL 22
				<u>.</u>			<u> </u>	<del></del>	
									AM II
						<del>-</del> ;	<u>.</u>	<u> </u>	27
			<u></u>						
	. <u> </u>				·	<u> </u>			
	<del></del>								
					=		<del></del>	<del></del>	<del></del> -
etivo de	ıta if athar 1	han the date of	' filina:				(ont	ional)	
effective e: If the	date is listed, th date inserted	e date must be speci in this block does on the Departmen	ific and cannot not meet the	e applicabl			90 days afte	r tiling.) Pu	
ord spec filed.	rifies a delaye	d effective date, b	ut not an eff	ective time	, at 12:01 a.n	n. on the	earlier of: (	b) The 90	Oth day after t
d	5-3-	20		7 <u> </u>	N				
_	/	Calub Signatur	e of a membe	r or authoriz	ed representati	ve of a me	mber		
	•	Daliciale	$\wedge$	0011					
		ration	- U 1	$\mathcal{I} \mathcal{U} \mathcal{U} \mathcal{U}$	name of signee	ì			