## 120000 144066

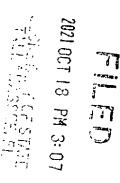
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , , ,	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(dusiness Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
17.	1
N4(	a
Rec. 10/18	
, ,, ,	

Office Use Only



400375039564

10/20/21--01005--012 \*\*25.00



Y. SCOTT OCT 31 2021

## COVER LETTER

TO: Registration S Division of Co		• •	• .
CHD ITCT.	I'l Pro Par	Hilly F ( ) 4_ ited Liabylity Company	LC.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Sona	Name of Person	
	Billa A	Firm/Company	
	5450 Lus	Khurst Dn +	200 007 18 PM 3: 07
	Onland	o. FC 3751	STATE OF THE STATE
		City/State and Zip Code	7
	E-mail address: (	to be used for future annual report not	dication)
For further information c	concerning this matter, please ca	all:	
Name c	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
区 \$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 Addres		Street Address:	
Registration ! Division of C		Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Pro Painting	T 1 1 1 C
, , , , , , , , , , , , , , , , , , ,	Park as it now appears on our records
(A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/27/2020 and assigned
Florida document number <u>L200001440GG</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
All Piw Rewration RA	PLLC
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "L.I.,C" or the abbreviation "L.I.,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
	2021
Enter new mailing address, if applicable:	S T
(Mailing address MAY BE A POST OFFICE BOX)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	89 77
	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	. 7
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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
	<del></del>		
			□Remove
			□Change
			Remove  20 □ Remove □ Chapge
-			
·			2021 OCT 18 PH 3: 07
			□Add
			☐Remove
			□Change
· <u>·</u>			□Add
			□ Rетюуе
			□ Change
			□ Add
			□Remove
			□Change

<del></del>														
		<del></del>									·	-		
					<u>_</u>									
	<u>.                                      </u>						-							
									<del></del>					
				<u> </u>										
											 - <u>ا ا</u>	202		
												1001		}
										1/4/1	>	8	7===	•
										— <del>5</del>	39	PM	JUJ	
	<u>.                                    </u>										. <u>S</u>	÷		
			<u></u>							,	JAIE.	07		
									<del></del>					
ective date	e, if other tl	han the da	ite of fili	ing: _	.1	. 1.	6.4717		(	option	al)		£0£ (	020
te: If the d:	te is listed, the ate inscrted i	in this block	c does no	tmeet	the appli	icable sta	n ning c itutory f	iling requ	irement:	s, this d	ate wi	ill not	he listed	d a
rument s ell	fective date (	on the Depa	iriment o	i State	s record	S.								
cord specifi	ies a delayed	l effective d	ate, but n	iot an e	effective	time, at	12:01 a.	m. on the	earlier (	of: (b)	The 9	90th da	ıy after	tho
s filed.														
$_{\rm red}$ $\mathcal{O}_{Cd}$	fober	12-11		0	202	1								
		Ma		> -										
			フィー											
		Si	gnature of	a mem	ber or aut	horized re	presenta	tive of a n	iember					