L2000336555

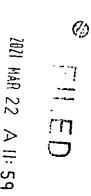
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp				
	ء ماييات	coll Pasabaa			
SUBJE	ct: Gluna	reff Painting, 1	Limited Liability Company		
The encl	osed Articles of A	mendment and fee(s) are	submitted for filing.		
Please re	eturn all correspon	dence concerning this ma	atter to the following:		
		Roma	an Gluhareff Name of Person		
		Glur	nareff Painting, LLC	<u>C.</u> .	
		4	301 SW 134th Loop	<u> </u>	
			Ocala, FL 34473 City/State and Zip Code		
		Yoman F-mail addre	nglu99@9mail.(1	om t notification)	
For furth	er information cor	ncerning this matter, plea	se call:		
Rom	nan Gluh Name of I		at (<u>352</u>) 32 Area Code Do	O – 9189 aytime Telephone Number	
Enclosed	is a check for the	following amount:			
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		Sectificate of State Certificate Copy Certificate Copy (additional copy is care)	Josed)
	Mailing Address: Registration Se Division of Con P.O. Box 6327 Tallahassee, FL	ection rporations	The Centre	Corporations of Tallahassee onroe Street, Suite 810	ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Gluhareff Pai</u>	nting. LLC.	
(Name of the Limited Liability Company (A Florida Limited Lia)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 2000336555</u> .	ere filed on <u>10 /23 / 20</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		- <u></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter tl</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		1021
1.16W Acquisited Villet Fiduless.	Enter Florida street address	TAB TT
	, Flor	ida 2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		:
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac	erformance of my duties, and ovided for in Chapter 605, F.	l I am familiar with and S. Or, if this document is

company has been notified in writing of this change.

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
AMBR	Asa Glunareff	2700 SW 36+h Dr.	DAdd
		Ocala, FL 34474	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove AB Change
			D Change
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			Remove
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ective date, if other than the date of effective date is listed, the date must be spe	of filing:	((optional)		
effective date is listed, the date must be spe te: If the date inserted in this block do	ecific and cannot be prior to date of ses not meet the applicable stat	f filing or more than 90 days	s after filing.) sathis date x	Pursuant to vill not be	o 605.020 - listed a
ument's effective date on the Departm		anny ming requirement	s. and date .	_	Q.
				7021	
cord specifies a delayed effective date,	but not an effective time, at 1	2:01 a.m. on the earlier	of: (b) :"The	90∰,day	after the
s filed.				1 22	,** 44****
					m
od March 4th				$\frac{A}{-}$	
			 .	H: 5	
E CONTROL OF THE PROPERTY OF T	ure of a member or authorized rep			59	_