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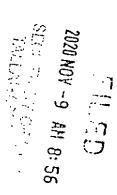
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(Business Entity Name)
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Special Instructions to Filing Officer:
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LA 15/20

COVER LETTER

Division of Co			
	AINTING AND REMODELING	G, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Cole Carson		
		Name of Person	
	COLES PAINTING AND	REMODELING, LLC	
		Firm/Company	
	1021 26TH AVE W		
		Address	
	PALMETTO, FL 34221		
		City/State and Zip Code	
	Cde.trantur	ner leicloud.com to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Cole Carson		941 7259293 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

COLES PAINTING AND REMODELI		
(Name of the Limited L. (A F	ability Company as it now appears on our records orida Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liabili	ity Company were filed on 10/23/2020	and assigned
lorida document number L20000337106	·	
his amendment is submitted to amend the followin	g:	
If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
		120 N
nter new mailing address, if applicable:		8 7
Mailing address MAY BE A POST OFFICE BOX	Q	9 -
		9 3 10
		æ
If amending the registered agent and/or regist gent and/or the new registered office address he		the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flo	orida Zip Code
	74771	

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 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 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>	Name	Address	Type of Action
AMBR	Cole Carson	1021 26TH AVE WPALMETTO, FL 34221	🖩 Add
			🗀 Remove
			🗆 Add
			□Remove
			□Change
	·		□Add
			□Remove
			Change
			□Add
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			□ Change
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Effective date, if other than the date of filing: 11/5/2020				
Effective date, if other than the date of filing: [11/5/2020				
Effective date, if other than the date of filing: 11/5/2020				
Iffective date, if other than the date of filing: 11/5/2020				
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Filing Fee: \$25.00