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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

Final Toucl	h Painting and Home Renovation	ons LLC	⊊™	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kristina Lightning Corbin			
		Name of Person		
	Final Touch Painting and I	Home Renovations LLC	<u>.</u>	
		Firm/Company		
	303 N Westmoreland Dr			
		Address	- 1- 1-11	
	Orlando, FL 32805			
		City/State and Zip Code	·	
	FinalTouchHomeReno@gn			
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Kristina Lightning Corbi	n	407 789-4131 at ()		
Name of Person			Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fec	☐ \$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 S		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	
ompany as it now appears on our records.) itted Liability Company)	
pany were filed on Feb 3 2021	and assigned
liability company here:	
Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
<u> </u>	
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fice address on our records, <u>enter the na</u>	me of the new regist
	3
	<u> </u>
Enter Florida street address	
	ંત્ર દુ
, Florida	Zip Çode
	Dinpany as it now appears on our records.) Dited Liability Company) Doany were filed on Feb 3 2021 Liability Company here: Liability Company," the designation "LLC" or the SS) 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 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	Marlon McLeod	303 N Westmoreland Dr	■Add
		Orlando FL 32805	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
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Tective date, if other than the an effective date is listed, the date ote: If the date inserted in this occument's effective date on the	nust be specific ar block does not	nd cannot be prior meet the applic	able statutory fili	more than 90 days a		
record specifies a delayed effec	tive date, but no	ot an effective t	îme, at 12:01 a.m	, on the earlier of	(b) The 90th day	after the
is filed.						
is filed. Feb 15		. 2021	·			
	lighter	•		ve of a member		

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