L21000112914

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200363457162

SECRIFICATION UP STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Pre	Cise Paintir Name of Limi	ng and Handyn	nan LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alvin	Martin Name of Person	
	Precise F	Painting and Ha	rdyman LLC
	1210 Gree	villa Ave So. #	<u> 18</u>
	So. Pasade Cindil 16 E-mail address: (t	Na, FL 33707 City/State and Zip Code O aol, Com o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ill:	
Cynthia Name of	Martin Person	at (<u>401)</u> <u>419-</u> Area Code Daytime	3424 Telephone Number
Enclosed is a check for the	c following amount:		
□ \$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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tatlahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precise Pain-	ting and Ha	ndynian
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L2 1000 1129 114</u> .	y were filed on $3/9/21$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Preview Painting and Han The new name must be distinguishable and contain the words "Limited Liab	dy man LLC lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*	20 2
(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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	Zip Code

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 Title Name Address Type of Action _____ □Remove _____ □Change ______ □Remove _____ Change _____ □Add ______ Remove ______ □ Remove ☐ Change

_____ Change

			<u> </u>		
					
	<u> </u>				
					
	-				
			·	-	<u>.</u>
		_			
					
			<u></u>		
				-	- 3 8
					SECRETALIAN
					767
			• • • • • • • • • • • • • • • • • • • •		CE STATI
-	<u> </u>	·			구된
		 	-	**	
					 -
fective date, if other	r than the date of filing the date must be specific and	;:		(optional)	
n effective date is listed, ote: If the date inserte	the date must be specific and ed in this block does not m	cannot be prior to date (leet the applicable sta	of filing or more than 90 tutory filing requiren	days after filing.) Pursua	nt to 605,0207 (3
cument's effective da	te on the Department of Si	tate's records.	ining requires	end, this date will ho	t oc fisted as in
ecora specifies a delay is filed.	yed effective date, but not	an effective time, at	2:01 a.m. on the earl	ier of: (b) The 90th (day after the
,					
ted 4/16	futher Ma Signature of a in	2021			
[:	ulli Ma	16.	M.	· 0	

Filing Fee: \$25.00