L21000155405

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2023 JUN 28 ATT 7: 1 4



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Maefield Pain Name of Lim	nfing LLC	
	Name of Lim	ited Liability Company	*·· <u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Makay	la A. Maefield Name of Person	<u>, </u>
	Maefield	Painting LLC	
		Firm/Company	
	11850 1	VE 1015+ TER Address	
		Address	
	Archer	, FL 32Le18 City/State and Zip Code	
	Macheldmin E-mail address: (hng//c @icloud - (om) to be lised for future annual report notif	Teation)
For further information of	oncerning this matter, please ca	all:	
Makayla 1	Marheld	at (<u>352</u>) <u>542</u> Area Code Daytime	-6316
' Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Sec	ction

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2023 July 20 44

Macheld Paintin	19 116 AM 7:14
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 21000155405</u>	ompany were filed on <u>April 5, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR F1/2abeth Cheyenne Tanner-Macheld	Elizabeth Chayenne	_1185U NE 101ST TER	XAdd
	lanner-Mucheld		□Remove
			□Change
		-113 (27)	□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

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(If an e	tive date, if other than the date of filing: O(a/30/2023 (optional)) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	1 June 23 2023
Date	1 <u>Vara 20</u> .
Date	Makayla Macheld Typed or printed name of signce

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Filing Fee: \$25.00