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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	TEA Pain	ting & More	Lic
	Name of Limite	ed Liability Company	,
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Joshua	C Palma Name of Person	
-	TEN	Painting & Firm/Company	More LCC
-	710 E.	Man Street	
-	Betow	City/State and Zip Code	
_	Josh Q to	endr Aciating Co be used for future annual report notific	
For further information conce	erning this matter, please cal	l:	
Tolana (Name of Per	Son Palm	at (<u>Sb3</u>) <u>6945 -</u> Area Code Daytime T	1206 Telephone Number
Enclosed is a check for the fo			
S25.00 Filing Fee □	S30.00 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 Address:</u> Registration Sect	ion	Street Address: Registration Section	ion

Registration Section 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

TON	Painting	& More	W		
(Name of the Limited	d Liability Compan A Florida Limited Li	v as it now appears.	on our records.)		
The Articles of Organization for this Limited Lia		vere filed on	4/8/21	and as	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>e</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the des	ignation "LLC" or th	e abbreviation "L	L.C."
Enter new principal offices address, if applica			" •		
(Principal office address MUST BE A STREET	(ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			·	
B. If amending the registered agent and/or re agent and/or the new registered office address		idress on our rec	cords, <u>enter the n</u>	ame of the ne	w registerec
Name of New Registered Agent:	Jo	shua C.	Palmer		
New Registered Office Address:	1575	Enter Florid	akway , y la street address	· (2) 3 · (1) 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	T,
	Buto	w	, Florida		30_
		City		Thip 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 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
MSR	Nassor Williamson	545 Wabash Street 1/2	□Add
		Sutow, FL 33830	X Remove
			□Change
			□Add
			□Remove
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(If an effe Note:	re date, if other than the date of filing:
he record ord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	November 22 . 2021.
	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member