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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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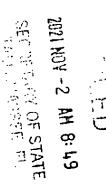
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations	·	4 P
SUBJECT: LO	this Painting & Name of Line	Refinement nited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Harry B.L.	Whi III	
	Luthi's Painting	& Rednament Firm/Company	
	6220 Yosemite	Address	
	Port Orange, F	L 32127 City/State and Zip Code	
	LPR. Hary &	gmail.com to be used for future annual repo	ort notification)
For further information	n concerning this matter, please c		·····,
Harry Nam	e of Person		1-1545 Daytime Telephone Number
Enclosed is a check fo	r the 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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 5221 Florida document number L 21000 42551 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Johnilia 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.

New Registered Agent's Signature, if changing 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
AMBR	Harry B. Lothi, III	6220 Yosemite Dr., Port Orange, FL 32127	— A∕\dd
			□Remove
		<del></del>	□Change
AP	Kimberly T Luthi	6220 Yosemife Dr.	□Add
		6220 Yosemite Dr. Port Orange, FL 32127	Remove
			□Change
AP	Harry B. Luthi, Jr.	33 Butler Springs Rd.	🗆 Add
		Greenville, SC 29615	DRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	<del></del>	<del></del>	🗆 Add
			□Remove
			□Change

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(If an effe Note:	ctive date, if other than the date of filing:	
ord is file		he
Dated _	10-28-2021	
	10-28-2021  H-3 Signature of a member or authorized representative of a member	