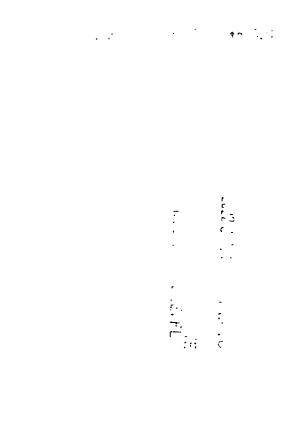
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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A. BUTLER FEB - 9 2022

COVER LETTER

Divisio	n of Corporat	tions		
SUBJECT:	mar	K Johnson	n Wallpap: ed Liability Company	ering LLC
The enclosed Ar	ticles of Amer	ndment and fee(s) are subm	nitted for filing.	
Please return all	corresponden	ce concerning this matter t	o the following:	
	ECT: Mark Johnson Wallpapering LLC Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. Perturn all correspondence concerning this matter to the following: Mark Johnson Name of Person Mark Johnson Firm/Company Address Graveland, FL 34736 City/State and Zip Code Mark Johnson E-mill address (to be used for future annihal replor notification) Mark Johnson Area Code Daytine Telephone Number Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
	_	mark J	Firm/Company	lpapering LLC
	_	225 Hid	den View DV	
	_	Grovela	nd FL 347= City/State and Zip Code	36
	_	Markjohns 15-mail address: (1	or wall paper ob tused for future annual report noti	ring @ gmail. con
For further infor				
Mar	L JC Name of Pers	on son	at (<u>239</u>)7	70 - 1447 te Telephone Number
Enclosed is a ch	eck for the fol	lowing amount:		
☑ \$25.00 Fili	ng Fee 🗆		Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section

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

Mark John	nson Wallpaper	ing LLC
(Name of the Limite	A SON Wall papers on our A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number <u>レ スス<i>೦೦೦</i>೦</u>	ability Company were filed on $1-k$	o - 2022 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	····-
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Cin·	Florida 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 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

Address Type of Action Title Name Linda K. Johnson 225 Hiddon View Dr Kadd Groveland FL 34736 Remove _____ □Change _____ □Add □Remove _____ □Change _____ []Add □Remove _____ Change _ __ ____ □ ∧dd ☐ Change ______ □Remove _____ □Change □∧dd □Remove

		
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_		
fan effect <u>Sote:</u> If	e date, if other than the date of filing:	.0207 (ed as (
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.	the
Dated _	1-26 2027	
	Signature of a member or authorized representative of a member	
	Signature of a Hamber or authorized corresonative of a member	

Filing Fee: \$25.00