

122000052984

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(Address)

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FILED

Registration Section
Division of Corporations

Palm Tree Painters, LLC

CT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Stephen R. Zeinner Jr.

Name of Person
Palm Tree Painters, LLC

Firm/Company
13011 Shoreside Court

Address
Ft Myers, Florida 33913

City/State and Zip Code
palmtreepainters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen R. Zeinner 239 308-5774

Name of Person at (_____) Area Code Daytime Telephone Number

I enclose a check for the following amount:

\$0.00 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

TO
ARTICLES OF ORGANIZATION
OF

PALM TREE PAINTERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

icles of Organization for this Limited Liability Company were filed on 1/31/2022 and assigned
document number 122000052984.

endment is submitted to amend the following:

pending name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

(all office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

(address MAY BE A POST OFFICE BOX)

pending 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

, Florida

City

Zip Code

registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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

ved from our records:

Manager
Authorized Member

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)
(Effective 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 (3)(b)
; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

word 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 filing.

1 NOV 2022

Dawn C. Zemmer
of a member

Signature of a member or authorized representative of a member

STEPHEN R. ZEINNER JR.

DAWN C. REINER

Typed or printed name of signee