## L22000072533

(Re	questor's Name)	
(Ado	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Durrence ( SUBJECT:			
SUBJECT:	Name of Lin	nited Liability Company	<del></del> -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	debra durrence		
		Name of Person	
	durrence coatings		
		Firm/Company	
	2007 pleasant acre drive		
		Address	
	plant city fl 33566		
	debradurrence13@gmail.cc	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report no	(ification)
For further information c	concerning this matter, please c	all:	
debra durrence		813 808 6402	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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 Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

n our records.)
2022 and assigned
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mation "LLC" or the abbreviation "L.L.C."
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122
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5
rds, enter the name of the new regist
9.00
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<u>.</u>
street address
MIVEL AUGIESS
, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	robert durrence	2007 pleasant acre drive	<b>≣</b> Add
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			□Change
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		<del></del>	Change
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