K22 000 205455

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Siling Officer
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TAIL AHASSEF F

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
	e Painting LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Craig A Wilson					
		Name of Person				
	Clean Image Painting LLC					
		Firm/Company	· 			
	5424 Stanford Rd					
	-	Address				
	Jacksonville, FL 32207					
	*	City/State and Zip Code				
	ewisurt@yahoo.com					
		to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Craig A Wilson		904 333-5587 at ()				
Name o	f Person	Area Code Daytin	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		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 632		The Centre of				
Tallahassee,	t しょうとう 14	2415 IN. MONTO	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN 10 AM 10: 54

Clean Image Painting LLC	SECT.	1437 (4.21)
(<u>Name of the Limited Liability</u> (A Florida Li	SEC: 15 Company as it now appears on our recdrift. (imited Liability Company)	AHASSEE. FL
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000205485</u>	npany were filed on 05/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	la
	City	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
MGR	Wilson, Craig A	5424 Stanford Rd	= Add
		Jacksonville, FL 32207	□Remove
			□Change
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			□Remove
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Note: If the	date, if other le date is listed, the the date inserted is effective date	in this block d	oes not meet t	the applicable	late of filing of	more than 90 d	_ (option: lays after fil- ents, this d	al) ing.) Pursu ate will no	ant to 605 ot be list	5,0207 (ed as tl
e record sp rd is filed.	ecifies a delaye	d effective date	e, but not an e	ffective time	, at 12:01 a.i	n, on the earli	er of: (b)	The 90th	day afte	r the
Dated	June	6.20	<u> </u>	1						
	-(-)	ny Signi	iture of a memb	per or authoriz	ed representat	ive of a membe	<u></u>			
	_	/								

Filing Fee: \$25.00