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COVER LETTER

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Registration Section

Tallahassee, FL 32314

TO:

Division of Co	orporations			
TLC Pess	ure washing and painting LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Clinton O Nielsen			
		Name of Person		
	TLC Pressure Washing and	3 Painting LLC		
		Firm/Company		
	38434 Fir Ave			
		Address		
	Zephyrhills Fl 33542			
		City/State and Zip Code		
	tleservestampa@gmail.com			
	E-mail address: (to be used for future annual t	report notification	l ·
For further information	concerning this matter, please ca	all:		
Clinton O Nielsen			6210	
Name	of Person	Area Code	Daytime Telep	hone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		S60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Division	Idress: ation Section a of Corporati	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HING AND PAINTING LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Sunny Days Fence Company LLC	
The new name must be distinguishable and contain the words "Limited Lial	ibility Company," the designation "L.L.C." or the abbreviation "L.L.C."
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	re 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

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 Changing Registered Agent, Signature of New 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
			
			Remove
			Change
			
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and cannot be ock does not meet the a	prior to date of filing or pplicable statutory fil	more than 90 days after fing requirements, this	iling.) Pursuant to 605.0207 (
e record specifies a delayed effective	e date, but not an effect	ive time, at 12:01 a.n	i, on the earlier of: (b)	The 90th day after the
e record specifies a delayed effective rd is filed.	e date, but not an effect	ive time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the
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e record specifies a delayed effective rd is filed. Dated 11/23		In		The 90th day after the