K22000374870

(Re	questor's Name)	
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COVER LETTER

TO: Registration : Division of Co				•
SUBJECT:	Frank Bucholc P	ainling and Hardyn	van Sorvices	
	nane of the	ned Library Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Kirst	en Bucholc Name of Person		
	 	Firm/Company		
	4149 9	anders Or Address		22 S
	<u>Lahe u</u>	Orth Fl 33461 City/State and Zip Code		22 SEP 15 PM 2: 17
		Buchole Painting (2)	amal.Com	PH 2: 1
For further information	concerning this matter, please c	all:		7
<u>Hirste</u>	n Bucholc of Person	at (<u>5101</u>) <u>248</u> - Area Code Daytim	5812- e Telephone 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 (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
	Section Corporations	Street Address: Registration Section of Cor	porations	
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $8-25-25$	and assigned
Florida document number L22000 374870.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		SE =
		- 9.5
		
Enter new mailing address, if applicable:		—————————————————————————————————————
Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter the n</u>	ame of the new register
New Registered Office Address:	r-t-Fl-id-st-ut-dhase	
	Enter Florida street address	
	, Florida	Zin Code
New Degistered Agent's Signature if changing Degistered Agent	C.ly	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as perions of the proper and complete to the obligations of the proper and complete company has been notified in writing of this change.	City ee to act in this capacity. I further of the performance of my duties, and I approvided for in Chapter 605, F.S. C	m familiar with and Or, if this documen
If Chan	ging 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Frank Bucholc	4149 Sanders DR.	ZAdd
		4149 Sanders DR. Lake Worth, Fl. 33461	□Remove
			□Change
			□Add
			□Remove
			□Change
			- 95 - 95 - 15
			Remôve No. 2016 ☐Change
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