L22000520476

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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co				
That One I	Dude LLC			
	Name of Limi	ted Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jamie Smith			
		Firm/Company		
11470 Weston Course Loop				
		Address		
	Riverview. Floriday 33579			
	thatonepainterdude@gmail.c	City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notif	fication)	
For further information	concerning this matter, please ca	ill:		
Jamie Smith		813 431-3454 at ()		
Name (of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE

That One Dude LLC

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

The Articles of Organization for this Limited I	iability Compan	y were filed on 12/12/2022	and assigned
Florida document number L22000520476	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
That One Painter Dude LLC			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street addr	ess
		, , F	lorida _
		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
			□ Add
			□Remove
			□Change
			□Add
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			□Remove
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			□Add
			□Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an effecti Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 11/2023
	Signature of a thember or authorized representative of a member
	Jamie A Smith
	Typed or printed name of signee