## L2300027615

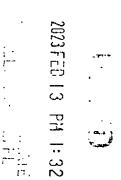
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000401917440

02/13/23--01018--008 \*\*30.00



W White

## **COVER LETTER**

TO:

Régistration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	dustries of St. Augustines L.L.	c .	
SUBJECT:	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amanda Griffis		
		Name of Person	
	Painting Industries of St. A	augustine L.L.C	
		Firm/Company	
	7580 US1 S		
		Address	· <del></del>
	St. Augustine, FL		
	<u>*</u>	City/State and Zip Code	
	a.lee.griffis@gmail.com	_	
	E-mail address: (	to be used for future annual report notif	ication)
for further information of	concerning this matter, please co	all:	
Amanda Griffis		904 325-1351 at ( )	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 S		Street Address: Registration Sec	ation
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Painting Industries of St. Augustine L.L.C

2023 FEB	3	PH	1: 32
----------	---	----	-------

Zip Code

	made made of the find the first the			<del>-</del>	19 (11 1-32
	(Name of the Limited	Liability Company a	s it now appears on our reco	ords.)	
	(A	Florida Limited Liabi	lity Company)	7	J AIF
			( / - 0 / 0 0 0 0	1 ~	· SAPE
he Articles of O	rganization for this Limited Liab	oility Company wer	e filed on 1/13/2023		_ and assigned
	number <u>L23000027615</u>				
lorida document	number	·			
his amendment i	is submitted to amend the follow	ving:			
. If amending 1	name, <u>enter the new name of t</u>	he limited liability	company here:		
ainting Industries	of North East Florida L.L.C				
	be distinguishable and contain the word	ds "Limited Liability C	'ompany " the designation "I	I C" or the abbro	vistion "L L C "
ic non name mast	ye didinigationed and committee work		ompany, are designation to	01 lile 40011	
nter new princi	ipal offices address, if applicab	ole:			
•					
<u>Principal office o</u>	<u>address MUST BE A STREET.</u>	<u>ADDRESS)</u> _			
		_			
nter new mailir	ng address, if applicable:				
			<del></del>		
<u>Mailing address</u>	MAY BE A POST OFFICE BO	<u>0X)</u> _	,		
	the registered agent and/or reg		ress on our records, <u>ent</u>	er the name	of the new regist
gent and/or the	new registered office address	<u>here</u> :			
Name of	f New Registered Agent:		<u>.                                    </u>		
New Re	gistered Office Address:				
			Enter Florida street add	ress	
				F71 + 1	
				Florida	

## 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.

City

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
<del></del>			□Add
			□ Remove
			□Change
			□Add
			Remove
	·		□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

•		
	· · _ · _ · _ · _ · _ · _ · _ · _ ·	
<del></del>		
	than the date of filing: (optional)	
	he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 in this block does not meet the applicable statutory filing requirements, this date will not be listed	
	e on the Department of State's records.	
	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
d is filed.		
February 8th	2023	
$\mathcal{N}$	many M	
	Signature of a member or authorized representative of a member	
Amanda Griffi	is	
	<del></del>	