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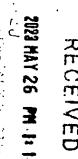
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER ...

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Tallahassee, FL 32303

TO:

Registration Section

Division of Co	rporations	•	
SUBJECT: S	OCLA//MO PA;	inting 60	· <u>-</u>
	Name of 1,10	once channing Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing	
		-	
Please return all correspondence	ondence concerning this matter	to the following:	
	MICHAEL 1	Name of Person	<del></del>
	<b>C</b>	0.25	
	SCHA!/MO	PAINTING Firm/Company	<u> </u>
		· ····· Company	
	843 SW.	16th. Ten	
		Address	
	CAPE COR	AL FL 3399 City/State and Zip Code	7/ E
		City/State and Zip Code	
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For further information c	concerning this matter, please c	all:	-7011
MICHAEL	M Schallma	11 233 204	-79/al
Name o	f Person	at (239) 204 Area Code Daytim	e Telephone Number
Enclosed is a check for the	_ =		
□ \$25.00 Filing Fee	Ct 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)
<u>Mailing Addres</u> Registration S		Street Address:	ction
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, I			e Street. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Schalling PAINTINE 110

(Name of the Limited Liability Company (A Florida Limited Liab	277
The Articles of Organization for this Limited Liability Company we Florida document number $\cancel{\cancel{L}} \cancel{2} \cancel{3} \cancel{000} \cancel{212} \cancel{\cancel{9}} \cancel{8} \cancel{0}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
_	an ·
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Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· 'c
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

## 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 Changing Registered Agent, Signature of New Registered Agent

\_\_, Florida \_\_\_\_

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	MICHAEL M. SCHAIL	40 843 SW 16Th TE	RadAdd
		CAPE CORAL FL 3399	Remove
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n effective date is <u>te:</u> If the date i	other than the listed, the date must inserted in this blookive date on the De	t be specific an ock does not i	d cannot be pri meet the appl	icable statuto	ng or more than ry filing requir	(optio 90 days after t ements, this	iling.) Pi	ursuant to ( Il not be l	605.02 listed
s filed.	a delayed effective						The 9	Oth day a	fter tl
led 5-3	C-202	3		·					

Filing Fee: \$25.00