L24000059943

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





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COVER LETTER

	ion Section of Corporations	
	ERMAN PAINTING LLC	•
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prespondence concerning this matter to the following:	
	SARAH SEARCEY	
	Name of Person	
		1.6
	Firm/Company	音問
	120 FERN WAY	20/AFE3 13
	Address	
	SAN MATEO, FL 32187	် ကို ယူ
	City/State and Zip Code	::: Ö
	supermanpaintllc@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Sarah Searcey	at () 303-7533	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superman Painting LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 02/01/2024	and assigned
orida document number L24000059943		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
		
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	
nter new principal offices address, if applicable:	120 Fern Way	可思
Principal office address MUST BE A STREET ADDRESS)	San Mateo, FL 32187	က
		<u> </u>
) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
nter new mailing address, if applicable:	120 Fern Way	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	San Mateo, FL 32187	
. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is s
	r:	orida
	, FI	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 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>	Name	Address	Type of Action
MGR	Carey L Gaskins III	120 Fern Way	■Add
		San Mateo, FL 32187	□Remove
			□Change
			□Add
			□Remove
			Change C
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ective date, if other than the effective date is listed, the date mus	t be specific and cannot be p	rior to date of filing	g or more than 90 day	(optional) s after filing.) Pu	rsuant to 605.0
te: If the date inserted in this blo ument's effective date on the De	ock does not meet the app	olicable statutory	filing requirement	s, this date will	l not be listed
cord specifies a delayed effective s filed.	e date, but not an effectiv	e time, at 12:01	a.m. on the earlier	of: (b) The 90	th day after t
ed February 7	, 2024	·			
($\leq 1.$ ϵ	~ (Ou			
	Signature of a member or a	uthorized represen	native of a member		

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Filing Fee: \$25.00