

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Àddress)                               |
| (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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Office Use Only



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E8/20/24

## **COVER LETTER**

TO: Registration Section

| Division of Co                | rporations   |   |                       |             |
|-------------------------------|--|---|-----------------------|-------------|
|                               | GHT PAINTING LLC   |   |                       |             |
| SUBJECT:                      | Name of Lir  | nited Liability Company   |                       |             |
|                               | Amendment and fee(s) are sub<br>undence concerning this matter |   |                       |             |
|                               | STEEVENS LEYTON SA   | ANCHEZ  |                       |             |
|                               |  | Name of Person  |                       |             |
|                               | STARTLIGHT PAINTIN   | G LLC   |                       |             |
|                               |  | Litm/Company  | <del></del>           |             |
|                               | 2630 MONTEREY  |   |                       | ,           |
|                               |  | Address   |                       |             |
|                               | SARASOTA, FL 34231   |   |                       | :,          |
|                               |  | City. State and Zip Code  |                       | - ,<br>· ,  |
|                               | steevens.leyton@hotmail.c                                      |   |                       | : 12        |
| For further information c     | tomail address; oncerning this matter, please c                | to be used for future annual report no<br>all:                      | ttlication)           | 1           |
| STEEVENS LEYTON S             |  | 941 899-2728  |                       |             |
|                               |  | at ()   | me Jelenhana Nambar   | <del></del> |
|                               |  |   | me retephone (vanise) |             |
| Enclosed is a check for th    | ne following amount:   |   |                       |             |
| L1 \$25.00 Filing Fee         | ■ \$30.00 Filing Fee & Certificate of Status                   | ☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed? | Certified C           | of Status & |
| Mailing Addres Registration S |  | <u>Street Address:</u><br>Registration So                           | ection                |             |
| Division of Corporations      |  | Division of Co  |                       |             |
| P.O. Box 632                  |  | The Centre of   |                       |             |
| Tallahassee, 1                | 1.02014  | 2415 N. Monro   | be Street, Suite 810  | <b>)</b>    |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comm                                     | any as it now appears on one roa   | ords )                                |
|---|------------------------------------|---------------------------------------|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited       | Liability Company)                 | <i>91 413.</i>                        |
| he Articles of Organization for this Limited Liability Compan           | y were filed on <u>04/19/2024</u>  | and assigned                          |
| orida document number L24000186573                                      |                                    |                                       |
| nis amendment is submitted to amend the following:                      |                                    |                                       |
| . If amending name, enter the new name of the limited lia               | bility company here:               |                                       |
| TARLIGHT PAINTING LLC   |                                    |                                       |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "L | LC" or the abbreviation "L.L.C."      |
| nter new principal offices address, if applicable:                      |                                    |                                       |
|   |                                    | •                                     |
| Principal office address MUST BE A STREET ADDRESS)                      |                                    | · · · · · · · · · · · · · · · · · · · |
|   |                                    |                                       |
|   |                                    |                                       |
| nter new mailing address, if applicable:                                |                                    | per and                               |
| Mailing address MAY BE A POST OFFICE BOX)                               |                                    |                                       |
|   |                                    | · · · · · · · · · · · · · · · · · · · |
|   |                                    |                                       |
| . If amending the registered agent and/or registered office             | address on our records, ent        | er the name of the new regis          |
| gent and/or the new registered office address here:                     | _                                  |                                       |
|   |                                    |                                       |
| Name of New Registered Agent:   |                                    |                                       |
|   |                                    |                                       |
| New Registered Office Address:  | Enter Florida street ada           | leas                                  |
|   |                                    |                                       |
|   |                                    | Florida                               |
|   | 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 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 |
|--------------|-------------|---------------------------------------|----------------|
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| Tective date, if other than the date of filing:  | (optional)  |
| ote: If the date inserted in this block does not meet the applicable statutory f             | Tling requirements, this date will not be listed as |
| neument's effective date on the Department of State's records,                               |   |
|  |   |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.s is filed. | m, on the earlier of; (b) The 90th day after the    |
| ated August 12 2024  |   |
|  |   |
| Signature of a member or mithorized representation   |   |
|  |   |

Typed or printed name of signee