124000251900

| (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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Office Use Only



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SUCKERY OF STATE

COVER LETTER

| Division of Corporations | | | | | |
|-------------------------------|---|---|---|--|--|
| PM PAINT | TERS LLC | | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | endence concerning this matter | to the following: | | | |
| | GOODEN, MAC KEEM | | | | |
| | Name of Person | | | | |
| | PM PAINTERS LLC | | | | |
| | | Firm/Company | | | |
| | 14330 58TH STREET NO | RTH APT 6307 | | | |
| | | Address | | | |
| | CLEARWATER, FL 3376 | 0 | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | REVIVETURF@GMAIL.C | OM to be used for future annual report notification | on) | | |
| For further information c | oncerning this matter, please c | · | • | | |
| GOODEN, MAC KEEM | | 727 295-9993 | | | |
| Name o | f Person | at () | ephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| □ \$25.00 Filing Fee | S30.00 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 Addres Registration S | Section | Street Address: Registration Section | | | |
| Division of C | orporations | Division of Corpora | tions | | |

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PM PAINTERS LLC | | | | |
|--|---|--------------------------------------|--|--|
| (Name of the Limited) | Liability Company as it now appears on our Florida Limited Liability Company) | records,) | | |
| The Articles of Organization for this Limited Liabi | | and assigned | | |
| Florida document number L24000251900 | · | | | |
| This amendment is submitted to amend the following | ing: | | | |
| A. If amending name, enter the new name of th | e limited liability company here: | | | |
| REVIVE HOME SERVICES CO LLC | | | | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designatio | n "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicabl | le: | | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | |
| | | | | |
| | 100 | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | | | |
| The state of the s | | | | |
| | | | | |
| B. If amending the registered agent and/or regi | | enter the name of the new register | | |
| agent and/or the new registered office address h | <u>nere</u> : | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street | address | | |
| | | , 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 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 Address Type of Action Title **Name** _____ □Remove ______ Change ______ Remove _____ _ _ _ _ _ _ _ _ Add _____ □Remove _____ Change _____ □Remove _____ Change □Remove

_____ Change

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| te: If the date inserted in this b | ast be specific and cannot be prior to | date of filing or more than 90 days after file statutory filing requirements, this c | ling.) Pursuant to 605.0207 |
| ecord specifies a delayed effecti is filed. | ve date, but not an effective tim | e, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| October 2 | 2024 | | |
| m | Signature of a member or authori | | |
| | Signature of a member or authori | zed representative of a member | |
| Mac Keem Gooden | | | |
| | Typed or printed | name of signee | |

Filing Fee: \$25.00