1200003535666

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

Office Use Only



400383058644

**25.00 **25.00 **25.00 **25.00 **25.00 **25.00 **25.00 **25.00

2022 HAR - 7 PH 3: 35

COVER LETTER

ΤΟ: Registration Section Division of Corporations
SUBJECT: New Testainent Finish (ai pertin) LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas J. Roberts Name of Person
MTCS Firm/Company
16824 Mahan Dr Address
City/State and Zip Code The robe, to 4 605 p. 1 A Grand Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Roberts at (850) 556-4954 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Testament All	Finish Corporary 110
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number 4.20000353566 .	spany were filed on $3 - 7 - 2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability 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 ADDRES	<u>(3.5)</u>
	——————————————————————————————————————
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM32	Robert Parcack	121 Beechward Dr	□Add
		Ciantardolle FL	Remove
		32327	□Change
A-MBIZ	Blain Oberlin	16824 Milian Dr	□Add
		Tallahassee FL 3230	Remove
			□Change
AMBR	Fugere Burke	16874 Matran D.	ŠAdd
	3	Tallalassa FL 32	☐ □Remove
			Shange
			□ Change □ Add
			Remove
			∑n Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□Remove
			□Change

	21
	721
	<u> </u>
	<u> </u>
	::- :::

ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or me	(optional) re than 90 days after filing.) Pursuant to 605.
te: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date will not be liste
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o s filed.	n the earlier of: (b) The 90th day after
s med.	
m March 7 2022	
ed March 7, 2022.	
ed March 7 , 202-2. Signature of a member or authorized representative	

Filing Fee: \$25.00