

L15000092714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

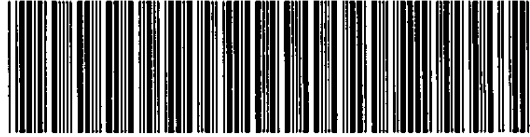
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 11 PM 2:58
J.L.E.M.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IZZY MAINTENANCE 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:

VANESSA AYALA

Name of Person

Firm/Company

Address

16 TINA LN NAPLES FL 34104

City/State and Zip Code

AYALATAX@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA AYALA

at (239) 200-3910

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IZZYS PAINT AND MAINTENANCE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/24/2015 and assigned Florida document number L15000052314.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IZZY MAINTENANCE LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

80 ISLE OF ST. THOMAS #B

(Principal office address MUST BE A STREET ADDRESS)

NAPLES FL 34114

Enter new mailing address, if applicable:

16 TINA LN

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES FL 34104

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ISRAEL MENDEZ

New Registered Office Address:

80 ISLE OF ST. THOMAS #B

Enter Florida street address

NAPLES

City

Florida

34114

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.

Israel Mendez
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
15 MAY 11 PM 2:59
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AYALA, VANESSA	16 TINA LN	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
OW	MORALES, FLORIBERTA	80 ISLE OF ST. THOMAS #B	<input checked="" type="checkbox"/> Add
		NAPLES FL 34114	<input type="checkbox"/> Remove
OW	MENDEZ, ISRAEL	80 ISLE OF ST. THOMAS #B	<input checked="" type="checkbox"/> Add
		NAPLES FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 15 MAY 11 PM 2:58
 CLERK OF DISTRICT COURT
 JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/01/2015



Signature of a member or authorized representative of a member

ISRAEL MENDEZ

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

15 MAY 11 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA