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EXAMINER



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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT:	PAINT MANAGER,LLC
N	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Articles of Correction and fe	e(s) are submitted for filing.
Please return all correspondence concernir	-
Raymond Wheele Name of Person	
Paint Manager Firm/Company	LLC
15632 Laquia R	.d
Rw Lagrana Rd City/State and Zip Co	Clermont FL 34711
the faint manager & bell So E-mail address: (to be used for future	annual report notification)
For further information concerning this ma	tter, please call:
Raymond Weeler Name of Person	at (407) 592-9935 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee \$30 Filing Fee & Certificate of Sta	tus Certified Copy S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

taint Manager	LL
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LO300055872.	were filed on March 10, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The Paint Manager LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	15632 Laguna Rd.
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL
	34711
Enter new mailing address, if applicable:	15632 Lagung Rd.
(Mailing address MAY BE A POST OFFICE BOX)	dermont, FL 34711
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** MGR ☐ Add Remove ☐ Add Remove Remove Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ao11_. Dated APril Wheeler of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00