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

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G. MCLEOD

SEP - 3 2009

EXAMINER



300159850443

09/02/09--01009--005 **25.00

09 SEP -2 AM 8: 37

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOLANDO'S PAINT 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:
ROLANDO LAM.
BOLANDO'S PAINT LLR
Firm/Company H
65/5 38th LANE EAST.
Address
SARASOTA, FL 34243.
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BOLANDO LAM. at 941, 685-4863 Name of Person Area Code & Daytime Telephone Number
And Code & Sayante Pelephone Names
Englosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Λ	_ Or				
ROLANDO'S	PAINT.	LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Florida L	amiled Liability Col	· / /	1		
The Articles of Organization for this Limited Liability C	ompany were filed	on 10/12/2	,004 and assigned		
Florida document number $\frac{L0400073809}{L0400073809}$	<u>_</u> .	• •			
•					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted lightlify comp	any here			
A. If amending name, enter the new name of the tun	ted nathrity comp	any neic.			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability	Company," the design	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>		
			Vise		
	-		8 23		
Enter new mailing address, if applicable:			<u>\</u>		
(Mailing address MAY BE A POST OFFICE BOX)					
manda man ess mili beri i est est i i est est i					
			%		
			ω, 즐을		
B. If amending the registered agent and/or regist		ess on our records,	enter the name of the new		
registered agent and/or the new registered office add	ress here:		75.		
Name of New Registered Agent:		· <u></u>			
N. D. L. 1000 A11					
New Registered Office Address:		Enter Florida sti	root address		
		Enter Florida sii	eet aaaress		
	. Florida				
	City	, 1 20	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 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.

. 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 = 1 MGRM	Manager = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MERM	EMILIO MURRIETA	5824 12th AVE. EAST BRADENTON, FL 34203.	Add Remove		
MGRM	MANUEL GUTIERREZ	6114 St St. BrADENTON, FL 34203	Add Remove		
<u>-</u>			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)			
			 		
Dated	AUGUST 3/th, 20 Rolandolgy Signature of a member of	or authorized representative of a member			
	Kolando	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00