LU50000 21995

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

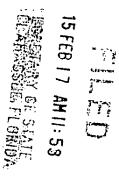
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SEASON FEB 2 9 2015



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Platinum Painting + Associates 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:
Robert Harrison Name of Person
Platinum Painting + Associates LLC Firm/Company
4125 Polston Rd Address
Lakeland f1 33810 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 763-2279 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 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>03/03/2003</u>	and assigned
Florida document number <u>40500021995</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Platinum Paintins + Remodeling The new name must be distinguishable and end with the words "Limited Lia	11. LLC	11 47
The new name must be distinguishable and end with the words "Limited Lia	ibility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	804 Strawberry L	AME
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	804 Strawberry L Brandon Fl 33511	cy e
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	re:	Box .
Name of New Registered Agent: Wayne	Caraway	<u> </u>
New Registered Office Address: 804 51	Laraway rawberry Lane Enter Florida street address	\$ 6 THE SECOND S
0	i	
US/a	City, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	5
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I an provided for in Chapter 605, F.S. C e address, I hereby confirm that the	n familiar with and Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action	
MGR	Robert J Harrison	4125 Polston Rd	Add	
		Lakeland F1 33810	PRemove	
4.45				
MGR	Wayne Laraway	804 Strawberry Lane		
		Brandon S1 335/1	☐ Remove	
				
			□ Add	
			☐ Remove	
			Add	
			Bemove FEB	
			J T	
			Remove	
			25.C	
w				
			Remove	

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
·	•
Effect (The eff	etive date, if other than the date of filing: (optional) frective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Date	d <u>February 12</u> , <u>2015</u> .
	nold of the
	Signature of a member or authorized representative of a member
	Robert J. Harrison
	The state of the s

Page 3 of 3

Filing Fee: \$25.00

