## L0500004984

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SECRETARY OF STATE
AND ASSECT TO STATE

S. HAWKES

JUL 2 3 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJECT: SMYRNIOS PAINTING, LLC					
	Name of Limited Liability Company				
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			GUS SMYRNIOS		
			Name of Person		
	Firm/Company				
	588 ROBERTS AMAN ROAD		D		
			Address		
			PERRY, FL 32347 City/State and Zip Code		
		sm	nvrnios6@fairpoint.net		2
For fur	ther information cor	E-mail address: ( acerning this matter, please of	to be used for future annual report	notification)	
				942 0476	
	Name of F	SMYRNIOS erson	at ( 850 ) Area Code & Da	843-0476 sytime Telephone Number	_
Enclose	ed is a check for the	following amount:			
<b>₹</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &
	Registrat Division P.O. Box		STREET/CO Registration S Division of Co Clifton Buildi	orporations	
	Tallahass	ee, FL 32314	2661 Executiv	e Center Circle	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMYRNIOS PA			<del></del>
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/27/2005	and assigned
Florida document numberL05000064984		,	do 8 1
This amendment is submitted to amend the following:			IL 22
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	Fig. 32 C
N/A			EST B
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	ny," the designation	"LLC" of the abbitaviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N/A		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent: N/A			
New Registered Office Address:			
	En	ter Florida street ac	ddress
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and compaccept 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.	olete performance provided for in Cl	of my duties, and hapter 608, F.S. O	I am familiar with and r, if this document is

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	MANUEL SMYRNI	OS <u>124 JUDSON DR.</u> PERRY, FL 32348	Add  Remove
······································	**************************************		□ Damaua
			Remove
· · · · · · · · · · · · · · · · · · ·	<del></del>		SECRETURAL Remove
			POP AND CONTROL OF THE
·····			Add
D. If amen	nding any other information	n, enter change(s) here: (Attach additional sho	eets, if necessary.)
			······································
Dated	JULY 20		
	Signate	ire of a member or authorized representative of a n	nember
		GUS SMYRNIOS	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00