L05000101724

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Amend		,

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T. Bureh JUN 1-2 2014

COVER LETTER

Registration Section TO: Division of Corporations Nat Preiti Painting 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: Winston L Gomez Name of Person Nat Preiti Painting LLC Firm/Company 419 Bttonwood Place Address Boca Raton, FI 33431 City/State and Zip Code leowg@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Winston L. Gomez Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number L05000101724	ompany were filed on <u>1</u> 	0/15/2005	and assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company h	nere:		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the	e designation "LLC" or the a	abbreviation "L.L.C.	***
Enter new principal offices address, if applicable:	419 Button	wood Place		
(Principal office address MUST BE A STREET ADDR	ESS) Boca Rator	n, FL 33431		
				E E
			- 15	- Sept was
Enter new mailing address, if applicable:			ides Mai pa	
(Mailing address MAY BE A POST OFFICE BOX)				Statement !
			Li 35	14522
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		n our records, <u>enter</u>	the name of the	he_nev
Name of New Registered Agent: Wins:	ton L. Gomez			
New Registered Office Address: 419 E	Buttonwood Place			
	Enter Flo	orida street address		
Boca	Raton	, Florida <u>33</u>	3431	
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Nat Preiti Painting LLC

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.

If Changing Registered Agent, Signature of New Registered Agent

	Member being added or removed from	on our records, <u>enter the title, name, and address of</u> our records:		
	GR = Manager MBR = Authorized Member			
<u> </u>	Name	<u>Address</u>	Type of Action	
Pres	Nat Preiti	6744 Tiburon Circle Boca Raton, FL 33433	_□ Add	
		 	_ Remove	
Mgr	Winston L Gomez	419 Buttonwood Place Boca Raton, FL 33431	- _■ Add	
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ective date, if other than the date of filing:	(a-4-a-a)
	(opnonar)
effective date must be specific, cannot be prior to date of receipt or filed date date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
date this document is filed by the Florida Department of State)	e and cannot be more than 90 days after
date this document is filed by the Florida Department of State)	and cannot be more than 90 days after
ted June 04 2014	
ted June 04 Signature of a member or authorized re	epresentative of a member
ted June 04 Signature of a member or authorized re	
ted June 04 Signature of a member or authorized re	epresentative of a member
Signature of a member or authorized re	epresentative of a member

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Filing Fee: \$25.00