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(Re	equestor's Name))
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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TAIL AHASSEE, FLORID

D. BRUCE

APR 08 2008

EXAMINER

COVER LETTER

Division of Corpor	ations				
SUBJECT: D C PAINT	ING LLC				
		nited Liability Company)			
The enclosed Articles of Am	endment and fee(s) are su	bmitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
<u>(</u>	GLADYS DEL VALL	E			
		(Name of Person)			
1	MBA GROUP PROF	ESSIONAL CORP			
_		(Firm/Company)		08 SE	
ç	951 ATLANTIC BL	V STF 314		APR ECRE	T
<u>-</u>	, JOST / (I E/ (I T T) O DE	(Address)		HAX	enter
				SSE &	
<u>.</u>	JACKSONVILLE FL	32225			
		(City/State and Zip Code)		PM 12: L5 Of STATE E. FLORIDA	COURT
For further information conce	erning this matter, please o	all:		NOA TE	
		••••			
G. DEL VALLE		at (904) 805-9790			
(Name of Pe	rson)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for the fo	llowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing	g Fee, of Status &	
	Certificate of Status	(additional copy is enclosed)	Certified C		
				copy is enclosed	d)
MAILING	ADDRESS:	STREET/COURIER	R ADDRESS:		

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D C PAINTING LLC	100		
(<u>Name of the Limited Lia</u> (A Flo	<mark>ability Company as it now appears on c</mark> orida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabi	2	10 06	d assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the	ne designation "LLC" or	the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the Gall GRE TAR	meof the new
Name of New Registered Agent:		m c Mc Mr	2 77
New Registered Office Address:	/Fratan F	lorida street ad	<u>5</u>
	(Liner F)	ortau street autograf	c.n
-		, Florida	<u> </u>
	(City)	(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 Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager MGRM = Managing Member						
<u>itle</u>	<u>Name</u>	Address	Type of Action			
MGR_	FELIX ORTIZ	6237 MORSE OAKS CIR JACKSONVILLE FL 32244	✓ Add Remove			
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			AddRemove			
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	-F0+		Add			
If amend	ding any other information, ente	er change(s) here: (Attach additional sheets, if necess	ary.)			
			08 APR -8 SECRETAR			
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Page 2 of 2

Filing Fee: \$25.00