## L06000117302

(Re	equestor's Name)	
		·
· (Ac	ldress)	
(Ac	ldress)	
(//	iuress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500131386365

08 JUN 20 MM 10: 28

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: KWM		ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kenneth McLean		
		(Name of Person)	
	KWM Painting, LLC	(Firm/Company)	<del></del>
	1952 Four Wheel Drive	(Address)	
	Baker, FL 32531	(Address)	
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Wanda Jones		at ( 850 ) 423-1099	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



08 JUN 20 AM 10: 28

SECRETARY OF STATE TALLAHASSFE FLORIDA

KWM Painting, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(City)	(Zip Code)	
		, Florida	
New Registered Office Address:	(Enter	Florida street address)	
Naw Pagistared Office Address:			
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of t	he new
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		<del></del>
Enter new mailing address, if applicable:		And the Manufact State State State State	
Trincipui office uuuress most BEASTREETA			
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	P.D.B.C.C.		
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbr	reviation
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:		
This amendment is submitted to amend the following	no.		
Florida document number L06000117302	·		
The Articles of Organization for this Limited Liabil	lity Company were filed on Decem	ber 08, 2006 and assign	ied

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 = Manager

MGRM = Managing Member Address **Type of Action** <u>Title</u> <u>Name</u> <u>∎</u>⁄ Add MGRM Michael Morris McLean 1952 Four Wheel Drive Baker, FL 32531 Remove ☐ Add ☐ Remove **7** Add Remove Remove **□** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Kenneth Mcloan
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00