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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: K	PRECESSION Name of Limit	2 DAINTING LLC ed Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vincent 1	Name of Person	·
·	K&D PR	cise Painting Firm/Company	LLC
	193 Pinet	NURSY CIRCLE	
•	NAPles F	34113 City/State and Zip Code	INLLA RECR
	VKen 1068) E-mail address: (to	AUI. COr o be used for future annual report notificati	NOV -9 AHASSE
For further information c	oncerning this matter, please ca		E P S T
Vincent k	Lennedy	at (835) 417-140 Area Code & Daytime Te	oc SA TO SEPARATE SEP
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	☐\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kt D PRECISE	PAINTING LLC
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo 70000 5172</u>	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Kennedy's Home Services LLC
(Principal office address MUST BE A STREET ADDRESS)	193 Pinchurst Circle
	NAPLES 1-1 34113
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	2072 V
registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Shown Dohesty	2951 47 thst SW	_ X Add
	,	16ples FL 34116	Remove
 	<u> </u>		_ Add _ Remove
		FALL AHADSEE, FLERID	Add Remove
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_	10/07/2012	
l <u> </u>	Signature of a member or authorized representative of a member Vincent Kennedy	
	Signature of a member or authorized representative of a member	
	Vincent Kennedy	
	Typed or printed name of signee	Day.
	Page 3 of 3	
	Filing Fee: \$25.00	ALLAHASSE VALLAHASSE VALLAHASSE
		OF STAT