

L070000039298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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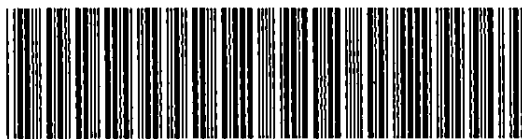
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wakulla 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:

William Duke
(Name of Person)

(Firm/Company)

15 Qunaw St.
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Wakulla Painting LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 4-12-2007 and assigned document number 2070000 39298.

SECOND: This amendment is submitted to amend the following:

delete Dale Houston as Resident Agent & m&RM

adding Pedro Soto & Raymond Watson as m&RM
20 Wakulla St., Sopchoppy, FL 32358

Change address to 20 Wakulla St, Sopchoppy, FL 32358
P.O. Box 464, Sopchoppy, FL 32358

add William E Duke as Resident Agent
20 Wakulla St, Sopchoppy, FL 32358

Dated 10-18-07

William E Duke

Signature of a member or authorized representative of a member

William E Duke

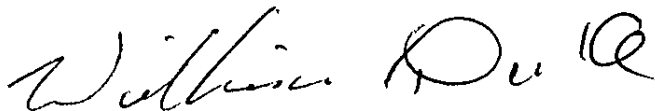
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



(Signature of Registered Agent)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA