

LO7000070406

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(City/State/Zip/Phone #)

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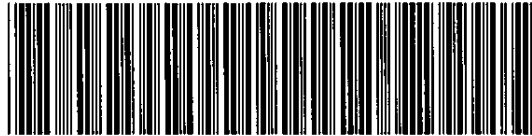
(Business Entity Name)

(Document Number)

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07 JUL 18 PM 2:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 JUL 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACS CUSTOM 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:

CRYSTAL BRUMBLEY

(Name of Person)

ACS CUSTOM PAINTING LLC

(Firm/Company)

1686 DEERWOOD BLVD

(Address)

GREENVILLE, FL 32331

(City/State and Zip Code)

For further information concerning this matter, please call:

AUSTIN SMITH

(Name of Person)

at (**850**) **545-5938**

(Area Code & Daytime Telephone 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)

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

FILED

07 JUL 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACS CUSTOM PAINTING LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on _____ and assigned
document number _____.

SECOND: This amendment is submitted to amend the following:

Change Registered Agent from Austin Smith to Crystal Brumbley

Delete Jensen James as Managing Member and add Crystal
Brumbley.

New Registered Agent accepts the designation of this position.

Crystal Brumbley

Dated _____, _____.

Austin Smith

Signature of a member or authorized representative of a member

Austin Smith

Typed or printed name of signee

Filing Fee: \$25.00