# L0100106302

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### **COVER LETTER**

SUBJECT: DUCK	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	James W Harrell	
	Name of Person	
	Firm/Company	
	7582 John Matthews Rd	
	Address	
	Milton, FL 32583	
	City/State and Zip Code harrelljames44@att.net	2014
For further information	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	2014 MAR 25 Ceore tarn
	W. H U	· 第3 · 2
Jame	es W Harrell at 850, 554-1576	#12: 33

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

□ \$25.00 Filing Fee

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

□ \$30.00 Filing Fee & Certificate of Status

### STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(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

Bucks Painting and Drywall	
( <u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L07000106302</u> .	on 10/19/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
Bucks Painting and Remodeling LL	
The new name must be distinguishable and end with the words "Limited Liability Company	
Enter new principal offices address, if applicable:	2014 2014
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	er Florida street address , <b>Florida</b>
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 605, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
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ne date this document is filed by the Floated March 19	orida Department of State)  2014	
ated March 19	orida Department of State)  2014	

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Filing Fee: \$25.00