L08000001384

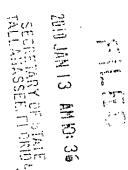
(Re	questor's Name)			
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T. CLINE
JAN 14 2010
EXAMINER

COVER LETTER

TO:

TO:	Registration Division of C	Section Corporations			
SUBJE	CT:	PERFECTION PAIN	ITING OF SARASO	TA, LLC	
		Name of Lim	ited Liability Company		
		of Amendment and fee(s) are su	_		
i ioasc i	ctum an corres	spondence concerning and mane	to the rottowing.		
	MIGUEL CORTIJO				
			Name of Person		
	Firm/Company				
4119 TEE ROAD					
			Address		725 ZZI
SARASOTA, FLORIDA 34235		2010 JAN 13 SECRETAR TALLAHASS			
			City/State and Zip Code		
		E-mail address: (RTIJO@COMCAST.NI to be used for future annual repor	t notification)	H-11 K-
For furt	her information	n concerning this matter, please	call:		
	MIC	GUEL CORTIJO	at (941)	400-7110	
- ·	Name	e of Person		Daytime Telephone Numbe	r
Enclose	ed is a check for	r the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &
	Regi Divi: P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration (Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERFECTION PA	AINTING OF SARAS	rs on our records			
(A Florid	lity Company as it now appea la Limited Liability Company)	is on our records.			
The Articles of Organization for this Limited Liability	Company were filed on	01/04/2008	and a	assigne	: d
Florida document numberL08000001384	·•				
This amendment is submitted to amend the following:	:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	nny," the designation	,	e abbro	
Enter new principal offices address, if applicable:				Ter.	A S
(Principal office address MUST BE A STREET AD)	DRESS)		<i>S</i> , <i>E</i> , <i>S</i>	$\overline{\omega}$	4
			ing:	<u> </u>	1 1
			50	\$	
Enter new mailing address, if applicable:			25	မ္ဆ	
(Mailing address MAY BE A POST OFFICE BOX)	- 				
			•		
			 -		
B. If amending the registered agent and/or reg		our records, <u>enter</u>	the name	of th	e new
registered agent and/or the new registered office ac	ddress here:				
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street ad	ddress		
		, Florida _			
	City		Zip Co	nde	

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> Name **Address MGRM** REGGIE L. GORDON 908 52ND AVE, TERRACE WEST .☑ Add Remove BRADENTON, FLORIDA 34207 □Add Remove ☐ Add Remove Add Remove = ~∏Rĕm̃ove F S Add Rémove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 10** 2010 Dated _____ Signature of a member or authorized representative of a member **DOUG CARPENTER** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00