1208000104321

| (Re | questor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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10/04/13--01004--009 **25.00

OCT - 8 2013

T. BROWN

COVER LETTER

| TO: Registration Se Division of Cor | porations | • | - ₹√* 50 |
|--|---|--|---|
| SUBJECT: Key | my Singer | Painting (CC ed Liability Company | S _W |
| | Name of Limite | ed Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | Kenneth | Singer Name of Person | |
| | | singer Painting Pirm/Company | <u> </u> |
| | 5032 Mi | Her Bayon Dr Address | |
| | Port Richery | A 3 4668 City/State and Zip Code | |
| | Kenny Sinse E-mail address: no | erfainting whether be used for future annual report notification | 79/1. Com |
| For further information c | oncerning this matter, please ca | ıll: | |
| Ke met | Singer f Person | at (727) 8 15 - 8 3 Area Code & Daytime Te | lephone Number |
| 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 (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

| OF | 1300 |
|---|---|
| , Or | CT- Carlo |
| (Name of the Limited Liability Company as II (A Florida Limited Liability | LL Consumple on our records.) |
| (A Florida Limited Liability | Company) |
| The Articles of Organization for this Limited Liability Company were fi | led on $11/7/2008$ and assigned |
| Florida document number L 08000104321. | |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability co | mpany here: |
| | |
| The new name must be distinguishable and end with the words "Limited Liab"L.L.C." | ility Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here: | dress on our records, <u>enter the name of the new</u> |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| _ | Enter Florida street address |

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.

City

Zip Code

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

MGR = Manager

MGRM = Managing Member Title Address **Type of Action** Name MGR Kenneth Singer 5032 Miller Bayon Dr X Add Port Richer FL 34668 Remove Remove Remove Add Remove

| D. If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------|--|
| • _ | I am adding My father 95 9 Manager we |
| 1. | I am adding My Father as a Manager we have the Same Name and address. |
| | |
| _ | |
| _ | |
| _ | |
| Dated 10 | 0/1/2013 |
| | |
| | Signature of a member or authorized representative of a member |
| | Kennek T Sluger Typed or printed name of signee |
| | |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |