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2013 OCT -7 PN 3 3

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUMPRO PAINTING LEC 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:			
Suppo Panting, Lic			
Surpro PAINTING, LLC Firm Company			
Address 2320 Bloods Grove Cir. Delay Brook Fl. 33445 City: State and Zip Code SUMPROPAINTING(a) and Com Exhall address: (to be used for future annual report notification) For further information concerning this matter, please call: AMES MCGURE at (56), 283-5024			
2320 BLOODS GROVE CIR. DELRAY BEACH FL 33445			
SUNDROPAINTING (a) act. Com Exmail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TAMES MCGURE at (56), 283-5024 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25 00 Filing Fee DS30 00 Filing Fee St. DS55 00 Filing Fee St. DS60 00 Filing Fee			

■S30.00 Filing Fee & Certificate of Status

Certified Copy (additional copy is enclosed) ☐S60.00 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

SUNDRO PAINTING L (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Company (A Florida Limited Liability Company Florida document number	were filed on November 7, 2008 and assigned
L 0800010	9 708
This amendment is submitted to amend the following:	See a second sec
A. If amending name, enter the new name of the number had	mity company nere:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company." the designation "LECV or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2320 BLOODS GROVE CIR.
	DELRAY BEACH, IFL 33445
Enter new mailing address, if applicable:	PO BOX 810 421 BOCA PARON FL 33481
(Mailing address MAY BE A POST OFFICE BOX)	BOCA PARON FL 33481
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	<u>re</u> :
Name of New Registered Agent: JAMES	M'GUIRE
New Registered Office Address: 2320 Ro	W GUIRE WAS GROVE CIR. Enter Florida street address
	Florida City DE-ZRAY BEACH Zip Code 33445
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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 <u>Name</u> SANDRA MCGURE 2320 BLOODS GROVE CIR. Add DELRA BEACH FL 33445 Remove MGRM JAMES MCGURE 2320 BLOODS GROVE CIR Add DE LRAY BEACH FL 33445 DRemove MGR JAMES MCGURE 2320 BLADS GROVE CIR XAdd

DELRAY BEACH FL 331/45 Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	I AM REMOVING SANDRA MCGUIRE AS MGRA
	I AM CHANGING JAMES MCGLIRE FROM MGRM TO MGR
Dated _	10/1/13
	Signature of a member or authorized representative of a member AHES MCCURE Typed or printed name of signee
	Page 3 of 3
	Filing Fee: S25.00

2019 OCT -7 FN 3 31