

LO8000110702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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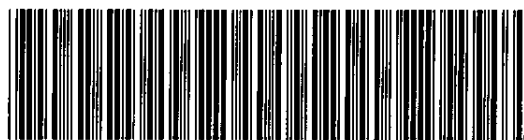
(Business Entity Name)

(Document Number)

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2011 MAR 21 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 22 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUG CORSELLI PAINTING & DECORATING 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:

DOUGLAS CORSELLI

Name of Person

DOUG CORSELLI PAINTING & DECORATING LLC

Firm/Company

4370 12TH STREET

Address

WEST PALM BEACH FL 33409

City/State and Zip Code

DOUGLASCORSELLI@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG CORSELLI

Name of Person

at (561)

236-2271

Area Code & Daytime Telephone Number

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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
2001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Doug Corseelli Painting & Decorating LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/2/2008 and assigned
Florida document number EO 8000 110702

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

Enter Florida street address

Florida

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records.

MGR – Manager
MGRM – Managing Member

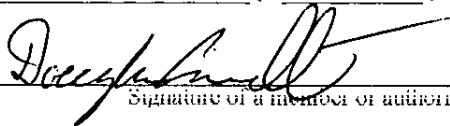
Title	Name	Address	Type of Action
MGRM	TAMMY CORSELLI	4370 12TH STREET WEST PALM BEACH FL 33409	☒ Add ☐ Remove
MGRM	THOMAS BANISTER	16301 SW INDIANWOOD CIR INDIANTOWN FL 34958	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 11, 2011



Signature of a member or authorized representative of a member

DOUGLAS CORSELLI

Typed or printed name of signer