

L09000096195-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

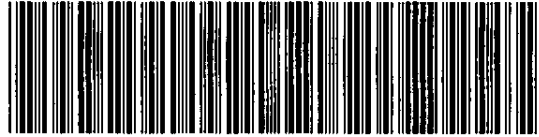
Special Instructions to Filing Officer:

A. LUNT

NOV 10 2009

EXAMINER

Office Use Only



200162057572

11/09/09--01010--022 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV -9 PM 4:57

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYNCH PAINTING AND SERVICES 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:

SHARON LYNCH
Name of Person

LYNCH PAINTING AND SERVICES LLC
Firm/Company

21 BRIARWOOD LANE
Address

THONOTOSASSA FL 33592
City/State and Zip Code

SLYNCH26@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON LYNCH at (813) 982-2680
Name of Person Area Code & Daytime Telephone Number

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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lynch Painting and Services 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 10-6-09 and assigned
Florida document number LO9000096195

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)

FILED
2009 NOV -9 PM 4:57
SECRETARY OF STATE
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
-------	------	---------	----------------

MGR	Curtis C. Lynch SR.	21 Briarwood Ln. Thawatasassa FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	---------------------	--	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

Dated November 4th, 2009.

Sharon Lynch
Signature of a member or authorized representative of a member

SHARON LYNCH
Typed or printed name of signee

FILED
2009 NOV -9 PM 4:57
STATE OF FLORIDA
TALLAHASSEE