## L09000102029

(R	equestor's Name)	
(A	ddress)	. <u> </u>
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(C	ity/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	Eff Wilson Name of Limited Li	Painting LLC ability Company	<u>.                                    </u>
The enclosed Articles of Amo	endment and fee(s) are submitted	l for tiling.	
Please return all corresponder	nce concerning this matter to the	following:	
-	Jessica	- Wilson Name of Person	
-	Jeff Wils	Son Painting LLC Firm/Company	<u></u>
-	1581 VISta	Lake CIT Address	12.442
-	•	FL 32904 v/State and Zip Code  Un Fing D. 9 mail, sed for future annual report notificat	(0M_ion)
For further information conce	erning this matter, please call:	•	
Jessica La Name of Per	1/1501 son	at ( <u>3<b>B</b> 1</u> ) <u>604-30</u> Area Code Daytime Te	o 8 4 Jephone Number
Enclosed is a check for the fo	Howing amount:		
<b>S</b> 25.00 Filing Fee €	S30.00 Filing Fee &  Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on October at 2009 and assigned Florida document number L09000/02029

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered affice address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 605, 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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida 🔃

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		1581 VISTA Lake CIT Melbourne, FL 32904	□Remove
			□Change
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ffective date, if other an effective date is listed, ote: If the date insert ocument's effective date	, the date must be spe ed in this block do	ecific and cannot be es not meet the a	pplicable statuto			g.) Pursuant	
record specifies a dela is filed.	yed effective date.	but not an effect	ive time, at 12:0	l a.m. on the ea	rlier of: (b)	The 90th day	y after the
ated	0	202 ure of a member or	<u> </u>				
	J-131	MAN WILL	DON	entative of a mem	her		

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