

#L09000121951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2015 APR 28 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**K. SALY
EXAMINER
APR 30 2015**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2015

A&L STATEWIDE PAINTING LLC
ANTHONY PEPE
1110 PENNSYLVANIA AVE, STE. 105
ST. CLOUD, FL 34769

SUBJECT: A & L STATEWIDE PAINTING, LLC
Ref. Number: L09000121951

RECEIVED
15 APR 28 2119:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

We have received your document for A & L STATEWIDE PAINTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 315A00007192



1110 Pennsylvania Ave Suite 105
Saint Cloud, FL 34769
Phone: 407-593-2110

March 13, 2015

To whom it may concern,

Please see the enclosed form to add Lisa Pepe to company as a manager.
Please let me know if you need more information.

Thank you,

A handwritten signature in cursive script that reads "A. Pepe".

Anthony Pepe,
Manager/Owner

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & L Statewide Painting 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:

Anthony Pepe
Name of Person

A & L Statewide Painting LLC
Firm/Company

1110 Pennsylvania Ave, Suite 103
Address

St. Cloud, FL 34769
City/State and Zip Code

statewidepaintingllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Pepe at (407) 593-2110
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
see attached letter
- ☐ \$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

A&L Statewide Painting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/24/2009 and assigned
Florida document number L0900021951.

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)

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

City

Florida

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 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

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa Pepe	1110 Pennsylvania Ave, Suite 105 St. Cloud, FL 34769	<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
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CLERK OF DISTRICT COURT

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 23 2015

A. Pepe
Signature of a member or authorized representative of a member
Anthony Pepe
Typed or printed name of signee

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TALLAHASSEE, FLORIDA