# 1.10000036104

(Requestor's Name)
(Address)
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, , , ,
PICK-UP WAIT MAIL
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(Document Number)
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# Registration Section 'Division' of Corporations

## **COVER LETTER**

SUBJECT:	Kevin's	Painting L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Kevin Sheehy	
		Name of Person	
	SECRETARY ALLAHASSI		
			37 I
	SEG SEG		
	E-mail address: (	ns.painting@yahoo.com to be used for future annual report notific	ation)
For further information c	oncerning this matter, please of	all:	••
Ke	evin Sheehy	at ( 239 <sub>4</sub> ) 4	04-3888
Name of Person Area Code & Daytime Telephone Numl			
	•		
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	<b> √</b> \$30.00 Filing Fee &	\$55.00 Filing Fee &	<b>\$</b> 60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

ŀ	Kevin's Painting L.L.C.			
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	<del></del>	
(A	riorida Ennited Elability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on	04/02/2010	and assigned	
Florida document number L10000036	104			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company he	re:		
, <u></u>		<u></u> .		
The state of the s			I Ott 11 11 1-1	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
		3	<b>2</b> 9 <b>23</b>	
Enter new principal offices address, if applica	ble:	<u> </u>		
(Principal office address MUST BE A STREET	(ADDRESS)		i ii ii	
		Ü		
			T 282 T	
Enter new mailing address, if applicable:		(3)		
(Mailing address MAY BE A POST OFFICE E	<u></u>	- CORUDA	100	
		<b></b> 2),	•	
	<del></del>			
B. If amending the registered agent and/o	r registered office address on	our records, enter th	e name of the new	
registered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:				
<del> </del>				
New Registered Office Address:	F			
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 G-Managing Member being added or removed from our records:

MGR = Manager  MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
MGRM	Brian Davis	3380 29th AV S.W. Naples, FL 3411	Z Add Remove		
<del></del>			Add Remove		
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add Remove		
			Add Remove		
			Add ve		
			Repove D		
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.			
Dated	09/15/2011	Slend			
-		ember or authorized representative of a member  Kevin Sheehy  yped or printed name of signee	<u>.</u>		

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Filing Fee: \$25.00