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S. HAWKES

JUN 1 5 2010

EXAMINER

COVER LETTER

	tion Section of Corporations				
SUBJECT:	Charles Fi	elds Painting, LLC			
		nited Liability Company			
The enclosed Arti	cles of Amendment and fee(s) are su	abmitted for filing.			
Please return all co	orrespondence concerning this matte	er to the following:			
	Charles Fields				
		Name of Person			
Charles Fields Painting, LLC					
		Firm/Company			
	4355 2nd Ave South				
		Address			
	St	. Petersburg, FL 33705			
		City/State and Zip Code			
	F-mail address:	(to be used for future annual report notifies	etion)		
For further inform	ation concerning this matter, please	·			
	Charles Fields	at (_727_)2	90-7547		
j	Name of Person	Area Code & Daytime			
Enclosed is a chec	k for the following amount:				
∑ \$25.00 Filing F	Fee \$\int_\$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 Fallahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charle	<u>s Fields Painting, LL(</u>	
(Name of the Limited Liab	ility Company as it now appea da Limited Liability Company)	rs on our records.)
(// 1 101)	an 2.mited Diability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	04/23/10 and assigned
Florida document number L10000043751		
	•	
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the l	imited liability company be	re:
<u> </u>	the state of the s	<u> </u>
77)	1 // 1 / 1 / 1 / 1	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	 ,	
Pater and the State of the Stat		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		our records, enter the name of the ne
registered agent and/or the new registered office a	<u>ddress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR Johnny Fields 5122 12th Ave South ✓ Add St Petersburg FL 33707-3611 ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of a member Charles Fields Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00