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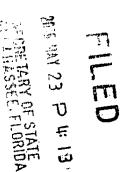
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SWARREN

## · COVER LETTER ....

TO: Registration Sec Division of Corp		<b>,</b>	
SUBJECT:	David Melosh's Name of Limit	Painting LLC ited Liability Company	,
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David M	Pelosh Name of Person	
	<del></del>	N/A Firm/Company	·
	2237 A	JW 16th Ave Address	
	Gaine	Sville, F1 32605 City/State and Zip Code  2 gma. 1. com to be used for future annual report notifi	
	Med usacala E-mail address: (1	gma.l. com to be fised for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		
David	Melosh	at (352) 258-8 Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

David Melash's	Painting LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	M/A
(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 or registered agent and/or the new registered office address her  Name of New Registered Agent:	office address on our records, enter the name of the new
New Registered Office Address	
The Registered Office Francis.	submitted to amend the following:  ame, enter the new name of the limited liability company here:  and offices address, if applicable:  Address MUST BE A STREET ADDRESS)  g address, if applicable:  AAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new nod/or the new registered office address here:  New Registered Agent:  Sterred Office Address:  Enter Florida street address  Enter Florida street address  Enter Florida at street address  e appointment as registered agent and agree to act in this capacity. I further agree to comply with the latutes relative to the proper and complete performance of my duties, and I am familiar with and ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ally reflect a change in the registered office address, I hereby confirm that the limited liability is notified in writing of this change.  If Changing Registered Agent, Signature of New Registered Agent  If Changing Registered Agent, Signature of New Registered Agent
	, Florida
Non-Books and Assault Cl. Assault B. L. B.	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the a performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability and nging Registered Agent, Signature of New Registered Agent
Page	0-1 = .

if amending Authorized rerson(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> Name <u>Address</u> **Type of Action** Victor Souza 2811 SW Archer Rd. Apt. 656
Gainesville, F1 32608 □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add □ Remove Change ÷ Change

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v. II an	nending any other information, enter change(s) nere: (Attach adaitional sneets, i)	necessary.)	
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. Effec	tive date, if other than the date of filing:    V/R (0)	ptional)	<b>(05.0005.</b> (3
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records.	this date will not be	o 605.0207 (3 e listed as th
	·		
the report	cord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	1 a.m. on the e	arlier of:
Dated	5/17/1/2		
Daice	Da Sp		_
	Signature of a member or authorized representative of a member		77
	David Melosh Typed or printed name of signee	## ## 21 ## 22	- 1
	Page 3 of 3	3 P #	
	Filing Fee: \$25.00	ATE	