

L10000098690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

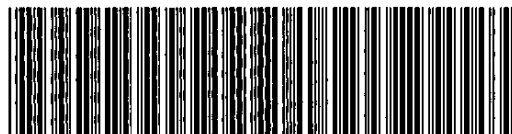
Special Instructions to Filing Officer:

A. LUNT

NOV - 3 2010

EXAMINER

Office Use Only



100187213641

11/01/10--01022--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 1 PM 2:51

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ACCENT PAINTING OF CENTRAL FLORIDA, 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:

KAREN BAKER

Name of Person

ACCENT PAINTING OF CENTRAL FLORIDA, LLC

Firm/Company

32251 CHIPOLA TRAIL

Address

SORRENTO, FLORIDA 32776

City/State and Zip Code

accentpaintingcfl@gmail.com

E-mail address: (to be used for future annual report notification)

2010 NOV - 1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

KAREN BAKER

Name of Person

at (407)

574-3771

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

ACCENT PAINTING OF CENTRAL FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 21, 2010 and assigned Florida document number L10000098690.

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: MARY A. SMULLIN

New Registered Office Address: _____

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 or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KAREN L. BAKER	32251 CHIPOLA TRAIL SORRENTO, FLORIDA 32776	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GREGORY R. BAKER	32251 CHIPOLA TRAIL SORRENTO, FLORIDA 32776	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARY A. SMULLIN	32251 CHIPOLA TRAIL SORRENTO, FLORIDA 32776	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 30, 2010

Karen L. Baker

Signature of a member or authorized representative of a member

KAREN L. BAKER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
2010 NOV 11 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA