

210 000 114270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

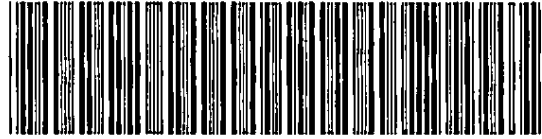
(Business Entity Name)

(Document Number)

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CLERK OF THE COURT
STATE OF FLORIDA

S. WARREN

DEC 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Color Concepts/Galeana Painting & Drywall 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:

Sonya L. Laney

Name of Person

Sonya L. Laney CPA PA

Firm/Company

5131 S Ridgewood Ave Ste F

Address

Port Orange, FL 32127

City/State and Zip Code

slaney@sonyalaney.com

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

For further information concerning this matter, please call:

Mark Humphrey

407

970-9297

at (_____) _____

Name of Person

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

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA

If amending Authorized Person(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Galeana, Jesus	604 23rd Ave NE	<input type="checkbox"/> Add
		Birmingham, AL 35215	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgrim	Humphrey, Mark	700 Hammett Lane	<input checked="" type="checkbox"/> Add
		New Smyrna Beach, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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JANUARY 11 2017

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

n/a

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

December 07 2017

Signature of a member or authorized representative of a member

Mark Humphrey

Typed or printed name of signee

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CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA