

L110000 41177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

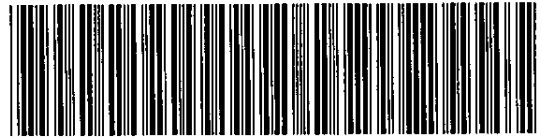
L11- 41177

(Document Number)

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04/21/14--01006--012 **25.00

FILED
2014 MAY -8 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffman MAY - 8 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2014

KAREN LUCIANO
204 FOREST DRIVE
FORT WALTON BEACH, FL 32547

SUBJECT: KAREN LUCIANO BUILDING MAINTENANCE AND REPAIR, LLC
Ref. Number: L11000041177

We have received your document for KAREN LUCIANO BUILDING MAINTENANCE AND REPAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The document was received on 04/21/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 814A00008888

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2014 MAY -8 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Karen Luciano Building Maintenance and Repair, 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 04/04/11 and assigned
Florida document number L11000041177.

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

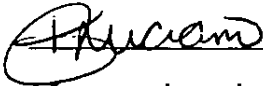
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bart Wood	204 Forest Dr	<input checked="" type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/5/14 _____



Signature of a member or authorized representative of a member

Karen Luciano

Typed or printed name of signee

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Filing Fee: \$25.00

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