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EXAMINER



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COVER LETTER

Division of Corporations				
SUBJECT: N.W. FLOYIDA COAST PAINTING U.C. 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:				
Jerry Jones				
Name of Person Name of Person Name of Person Firm/Company				
8523 NeldA LANE				
Address				
NAVAVre, FLORIDA 32566				
City/State and Zip Code Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jerry Vones at 850, 496-5475				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	t)			
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

N.W.Florida COA.57	+ PAINTINE	· LLC.
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/I 0000 63 78</u> 9	y were filed on <u>Jun</u>	e / 5+ 20/1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," t	he designation "LLC" or the abbreviation
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)		NE B III
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:	<i>11/A</i>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Fl	orida street address
	23,7757 2 4	
	City	, Florida Zip Code
Now Desistand Agent's Signature if shanging Degistared Agent	•	Dip Cour

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

Page 1 of 2

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 Type of Action Title Name 1 MEAM CHYISTINA MAZZONE 440 Green Acres Ad.
FORT WAITON BEACH
FIRTH DONNIE JOHNSON 117 WIND HAM AVE.
FORT WAITON BEACH
FORT WAITON BEACH Remove Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Page 2 of 2