## L11000070252

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## **COVER LETTER**

	legistration Sec Division of Corp						
eun irc		COLORSEAL PAINTING AND WATERPROOFING LLC  Name of Limited Liability Company					
SUBJEC	· · · · · · · · · · · · · · · · · · ·						
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		Tory Copeland					
			Name of Person				
		COLORSEAL PAINTING	AND WATERPROOFING LLC				
Firm/Company							
		15941 Cindy Ct					
	Address						
		Ft Myers, FL 33908					
			City/State and Zip Code				
		torcop@aol.com					
		E-mail address: ()	to be used for future annual report notific	cation)			
For furthe	r information co	oncerning this matter, please co	all:				
Tory Cop	eland		239 246-9750 at ()				
	Name of	l Person	Area Code Daytime	Telephone Number			
Enclosed i	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**

2017 AUG 25 PK 2: 02

COLORSEAL PAINTING AND WATERPROOFING 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 Compa Florida document number L11000070252	ny were filed on 06/16/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation	'L1.C" or the abbreviation "L.1C."
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 registered agent and/or the new registered office address h		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Age	•	гір соае
	<del></del>	

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 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>	Type of Action
AMBR	Christopher Windbigler	15941 Cindy Ct	Add
		Ft Myers, FL 33908	Remove
			Change
			Remove
			Change
			1個 25
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reffective date is li	other than the date sted, the date must be s	pecific and cann	ot be prior to c	ate of filing or mo	re than 90 days afte	ional) r filing.) Pursuant to 605.02
	iserted in this block of e date on the Depart			statutory filing	requirements, th	is date will not be listed
	ies a delayed eff after the record		, but not a	n effective ti	me, at 12:01	a.m. on the earlier
August 22nd		20	017	2		
	J. J					
	1 111 2	// ( £	LL -			

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Typed or printed name of signee

Filing Fee: \$25.00