11000099 orida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000240106 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: 120070000020 Phone : (813)435-3176

: (813)333-6358 Fax Number

Enter the email address for this business entity to be used for fut Treannual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RANDY PARSONS PAINTING, LLC

RECEIVED	ICT 29 AM 8:00	RETARY OF STATE WHASSEE, FLORIDA
	13 OCT	

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 3 0 2013

T CLINE

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANDY PARSONS PAINTING, LL			
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our remited Liability Company)	<u>cords.</u>)	
The Articles of Organization for this Limited Liability Co. Florida document number L11000099488	mpany were filed on 08/30/2011	and assigned	
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7201 7A1	
(Principal office address MUST BE A STREET ADDRE	ESS)		
		29	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		DRI U	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent. Name of New Registered Agent:		ls, enter the name of the new	
New Registered Office Address:	Enter Florida street address		
	.1	. Florida	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	l complete performance of my duti ent as provided for in Chapter 608	ies, and I am familiar with and B, F.S. Or, if this document is	

11/07/2031 00:54 FAX 8133336358

If Changing Registered Agent, Signature of New Registere I Agent

Page 1 of 3

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>	Address	Type of Action
MGRM	LINDA S. PARSONS	4816 PALM TREE DR.	Add
		#3	Remove
		CAPE CORAL, FL 33904	
			Add
			Remove
			2
			28 7
·	<u> </u>		
			Remove
			_
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	_
			Add
			Remove

Page 2 of 3

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	2013
	Signature of a member or authorized representative of a member CROLAS J. SPRADLIN ESQ. AS AUTHORIZED REPRESENTATIVE OF A MEMBER
	Typed or printed name of signee
	Page 3 of 3

2013 OCT 29 🛤 🕫 I