## 112000001339

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #	) .		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Name)	)		
(Document Number)				
Certified Copies	Certificates of	Status		
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10/12/12--01002--005 \*\*25.00

12 OCT 12 PM 4:21

B. BOSTICK

OCT 1 5 2012

EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section orporations				
SUBJECT:	SCOTT Pe- Name of Limit	Hy Painting	LLC.		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	_Scott	Pe H y Name of Person			
	734 Rid	Firm/Company	<del> </del>		
	134 Kid	Address			
	EAST Point	F1. 32328 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	TÄLLÄHÄSSEE FLORID	3
F 6		to be used for future annual report notificati	ion)	1888. 1	- مارات مارات
Scott	concerning this matter, please of	at ( <b>850)</b> 227 -	8969		
Name	e of Person	Area Code & Daytime To	elephone Number	orlio A	<u>&gt;</u>
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional copy	tatus &	
MA	ILING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scott 8	Je++ N	Pain-	ting LL	<u>C.</u>	
(Name of the Limited Li (A F	i <b>ability Compan</b> Iorida Limited Li	y as it now appe ability Company	ars on ∮ur records.) )		
The Articles of Organization for this Limited Liab Florida document number	_	were filed on	12/30/6	and assigned	ed
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabi	lity company h	ere:		
The new name must be distinguishable and end with t "L.L.C."	the words "Limit	ed Liability Com	pany," the designation	1 "LLC" or the abbr	eviation
Enter new principal offices address, if applicab	le:			<del> </del>	
(Principal office address MUST BE A STREET.	ADDRESS)			<del>- Fi</del>	<del></del>
				<del></del>	<del>.</del> 9
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		WSS.	112
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	PH L		
					<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ente	er the name of t	2 he new
Name of New Registered Agent:				,	
New Registered Office Address:	734	Ridge 1	Koad Enter Florida street	address	<u></u>
	EAST	Poin+	, Florida	32328	
		City	, <del> </del>	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 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

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 Ac	<u>:tion</u>	
MGRM	William S. Lomon	734 ridge rd. EAST Point, Fl. 32328	Add Remove		
	<del></del>		Did Remove		
	·				
			d d Kemove		
			d lemove		
			d 		
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
			TALLAHÁSSEE FLO	12 OCT 12 PM 4:	STORY FRANCE
Dated	,		ORIDA	<b>4:2</b> 1	
_	Charles Scot	or authorized representative of a number  The this printed name of signee			

Page 2 of 2

Filing Fee: \$25.00