L1200010487

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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EXAMINER



300223092793

03/01/12--01018--018 **30.00

DIVISION OF CORPORATION

COVER LETTER

	ation Section of Corpora					
SUBJECT: Chad Nee Stucco repair and Painting LLC.						
Name of Limited Liability Company						
		endment and fee(s) are sul				12 HAR -
	_	Chad Nee Name of Person			<u>.</u>	
		Chad Nee S	Stucco ren	air and Paintir	ia LLC	
Chad Nee Stucco repair and Painting LLC. Firm/Company						
			7213 HV	/Y. 20 W		
	-		Add	ress		
	_	F		orida 32439		
			City/State and	nd Zip Code		
For further inform	– mation conce	E-mail address: (erning this matter, please of		uture annual report n	otification	
	Cha	ad Nee	at (850 ₎	797-	6181
	Name of Per	son		Area Code & Day	time Telep	shone Number
Enclosed is a che	eck for the fo	llowing amount:				
\$25.00 Fiting	Fee 🔽]\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & fied Copy tional copy is enclo	osed)	360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration of P.O. Box 6	Corporations		STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	ction rporations g Center C	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chad Nee Stud	co repair and Paint	ing LLC.	
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liability Florida document numberL12000010487	Company were filed on	01/23/2012	and assigned s
This amendment is submitted to amend the following:			and assigned of College AR - 1 AH 11: 24
A. If smending name, enter the new name of the lin	nited liability company he	<u>re</u> :	M: 21
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on dress here:	our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addr	ess
•	·	Florida	<u> </u>
	City		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 Action
MGRM	Jerry O'Connor	7300 HWY 20 W freeport FL 32439	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
Dated	A		-
		per or authorized representative of a member. Chad Nee ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00