

L120000058647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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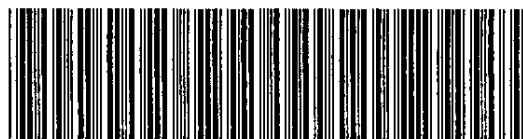
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JUL 30 2012

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 27 PM 3:02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAGLE-EYE PAINTING GROUP LLC

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:

BERRY ST.VIL

Name of Person

Firm/Company

1815 NE 154 TER

Address

MIAMI FL, 33162

City/State and Zip Code

BERRY.ACCESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERRY ST.VIL

Name of Person

at (**786**)

247-5799

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 PM 3:02

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EAGLE-EYE PAINTING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
12 JUL 27 PM 3:02

The Articles of Organization for this Limited Liability Company were filed on 05-01-2012 and signed

Florida document number L12000058647.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M.A.C PAINTING GROUP LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1815 NE 154 TER

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL, 33162

Enter new mailing address, if applicable:

1815 NE 154 TER

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL, 33162

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BERRY ST.VIL

New Registered Office Address:

1815 NE 154 TER

Enter Florida street address

MIAMI

City

, Florida

33162

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHANITHA CURRY	1600 NW 81TH ST MIAMI FL, 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARK ST.VIL	1815 NE 154 TER MIAMI FL, 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BERRY ST.VIL	1815 NE 154 TER MIAMI FL, 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

BERRY ST.VIL

Typed or printed name of signee