L12006169834

(Requestor's Name)
(Address)
(Address)
(1.188.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Dasiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



000260217410

05/19/14--01025--018 **60.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STar Painting and refinishing 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:	
Vito c Liccese Name of Person	
Five STar Painting of North FL LLC Firm/Company	
6101 Nw 268th Terrace	
Newberry FL 32669	
New herry FL 32669 City/State and Zip Code My Paint 4 vote & G Mail. com E-mail address: (60 be used for future annual report notification)	
For further information concerning this matter, please call:	
Vito Liccese at (352) 246-1067 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Five STar Painting of (Name of the Limited Liability Compan) (A Florida Limited Liability Compan)	F North FL LL y as it now appears on our records.) ability Company)	<u></u>	
The Articles of Organization for this Limited Liability Company v	vere filed on 9-24-201	2 and assi	gned
Florida document number 112000 69834			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile STar Painting and Refinis The new name must be distinguishable and end with the words "Limited Liabile Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the		
(Principal office address MUST BE A STREET ADDRESS)	6/01 NW 268th	32669	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		the name o	f the new
		TEAN M	· Sales
New Registered Office Address:	Enter Florida street address	14 19 19 19 19 19 19 19 19 19 19 19 19 19	Contracting Contracting
	City:	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		9: 2: 0:XII	E Carry F
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or	familiar with , if this docun	and nent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action Sane _D Add ___ Remove __ Add _□ Remove □ Add ■ Remove 🗆 Add □ Remove ____Remove _ 🗆 Add ☐ Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Just Name from Five STAT Painting
	Just Name, from Five STar Painting of North FL LLC, TO STar Painting
	and ratinishing LLC
(The effect	te date, if other than the date of filing: ASA (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	5-15, 2014.
	Vit Lowe
	Signature of a member or authorized representative of a member
	Vito Liccese
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

