

# L 12000159974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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13 JUN 24 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 26 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABOVE PAINT LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**JACINTO CORREA**

(Contact Person)

**ABOVE PAINT LLC**

(Firm/Company)

**8423 DUSKIN CT**

(Address)

**JACKSONVILLE, FL 32216**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ROBERTO GONZALEZ** at **904** **733-0027**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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

FILED  
13 JUN 24 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ABOVE PAINT LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 12/24/2012 and assigned  
Florida document number L12000159974.

This amendment is submitted to amend the following:

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

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:**

(Principal office address MUST BE A STREET ADDRESS)

**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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: TAXSMART ACCOUNTING SERVICES CORP

New Registered Office Address: 6653 POWERS AVN STE 241  
*Enter Florida street address*  
JACKSONVILLE, FL, Florida 32217  
*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAVIER A. CORREA	8423 DUSKIN CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL	<input type="checkbox"/> Remove
		32277	
MGRM	FRANCISCO ANDINO	4887 TOPROYAL LN	<input type="checkbox"/> Add
		JACKSONVILLE, FL	<input checked="" type="checkbox"/> Remove
		32277	
			<input 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.)*

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Dated 06-20, 2013.



Signature of a member or authorized representative of a member

**JACINTO CORREA**

Typed or printed name of signee

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**Filing Fee: \$25.00**