## L13000005799

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:R		tracting à Paintie ed Liability Company	19 LLC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter t	to the following:			
	Charlo7	He J. Peterse.	n		
	R.te Way	Name of Person  Contracting & Pa  Firm/Company	inting LLC		
	8044 Palm	G=te Or. Address			
	Boynton	Scach FL City/State and Zip Code Caol. (om	33436		
For further information of	encerning this matter, please ca	be used for future annual report notificat	ion)		
		at (561) 740 - 7	2053		
Name o	f Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	•				
\$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)		
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 HAR - 1 PM 2: 45 SECHLIANASSEE, FLORIDA

	Or		:	Pulising	と、としCREDA
Rite Way Co.					_
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it no a Limited Liability C	ow ap	pears on our rec ny)	ords.)	<del></del>
The Articles of Organization for this Limited Liability	Company were file	ed on	1/10/2	1013	and assigned
Florida document number L 130000057	• •				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liability com	pany	here:		
The new name must be distinguishable and end with the v 'L.L.C."	ords "Limited Liabil	ity Co	mpany," the desi	gnation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
D. If any ordinary discovering the second second					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office add Idress here:	ress (	on our records	i, enter the i	name of the new
-					
Name of New Registered Agent:					
New Registered Office Address:		_			
			Enter Florida :	street address	
			, F	lorida	
	City		,		ip 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

Page 1 of 2

MGR = Manager

MGRM = Managing Member

g

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>igrm</u>	Scott Torillo	8044 PAIM GARL Drive BOYNTON BOPPE, The 33436	Add Remove
	•		Add Remove
· ·			Add Remove
			Add Remove
<del></del>			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Remove
D. If amen	rding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	
 -			
_ _			
Dated	Charlotte  Charlotte	Establishment of a member Service N	PH 2: 45
	Type	d or printed pame of sience	<del>_</del>

Page 2 of 2

Filing Fee: \$25.60