113000005799

(Re	equestor's Name)	
		·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
•	•	,
(Dc	ocument Number)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	Or Otatus
Special Instructions to	Filing Officer:	

Office Use Only



500253981375

11/27/13--01005--025 **60.00

2010 NOV 27 AM II: 2:

ALLAHASSEF FERRIN.

DEC 0 2 2013

COVER LETTER

Division of Corp	orations			
SUBJECT: Rite	- 174 T 4 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	acting & Painting and Liability Company	LLC	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	Charlot	te Petersen	V	
	Rite Way Co	outracting + Painting	<u>s</u> LLC	
	8044 PALM	Gate Drive		
	Boynton	Beach 7L City/State and Zip Code	33436	
	LILPIPPI E-mail address: (to	V @ acol. Com be used for future annual report notification	on)	2812
For further information con	ncerning this matter, please cal	ll:		
Charlotte	Petersen	at (<u>561)</u> 740 - 20 Area Code & Daytime Tel) means
Name of	Person	Area Code & Daytime Tel	ephone Number	
			5 <u>2</u> =	Parameter .
Enclosed is a check for the	following amount:		÷27 ATE; RIDA:	Sec. 12.24
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2560.00 Filing Fee, Certificate of Status Certified Copy	&

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rite Way Cout	eacting +	PAINTING	LLC	
(Name of the Limited L (A l	iability Combany Florida Limited Liab	as it now appears on collity Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L130000</u>		ere filed on <u>03</u>	01/2013	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	v company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," t	he designation "LLC"	or the abbreviation
Enter new principal offices address, if applica	ble:			······································
(Principal office address MUST BE A STREET	ADDRESS)			
	-		m in the second	
Enter new mailing address, if applicable:	.			N means
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	<u></u>	Since Since	> P
B. If amending the registered agent and/o	r registered offic	e address on our r	ecords, enter the	name of the new
registered agent and/or the new registered off	<u>ice address here</u> :		☆ 1.**	7
Name of New Registered Agent:				
New Registered Office Address:		Enter F	lorida street address	
		Line II		
		City	, Florida Z	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 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>	Name	Address	Type of Action
MGRM	Russell A. Iorillo	1100 Crestwood Ct., South	#110 X Add
		ROYAL PAIM BEACH, FL	33411 Remove
			
			Add
			Remove
	 		Add
			Remove
			No.
			SSEE OF SEE OF S
			Remove 27
			·
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated _	November 26, 2013.
	Charlotte Peterser
	Signature of a member or authorized representative of a member Charlotte Petersen
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

2013 NOV 27 AM 11: 2