#13000026397

(Requestor's Name)
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(Business Entity Name)
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K.SALY EXAMINER MAR 27 2013

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	WICKER PA	NTING L	iability Company	
The enclose	d Articles of Amendment and f	ee(s) are submitte	ed for filing.	
Please retur	all correspondence concerning	g this matter to th	e following:	
	WE	SLEY W	ICKER	
	Wick	GR'S PAI	Name of Person WTNG Firm/Company	
		.0.13	Firm/Company	
	#4	197H STR	EET	
	Nu	EVILLE	FC 32578 by/State and Zip Code Company Company State and Zip Company State and Zip Company State and Zip Code	
	0.0	Cit	ry/State and Zip Code	
	E-m	ail address: (to be	used for future annual report notific	ation)
For further	nformation concerning this ma			
	DESLEY WICKER	۹	at (850) 978-391	7
	Name of Person		Area Code & Daytime	l'elephone Number
Enclosed is	a check for the following amou	nt:		
▼ \$25.00 F	iling Fee \$30.00 Filing Certificate		3\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60:00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

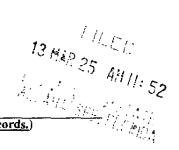
MAILING ADDRESS:

>

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WICKER PAINTING, 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 Liabil	lity Company were filed on FEBRUARY 13, 2013 and assigned
Florida document number	• • • •
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
WICKER'S B	AINTING LLC
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zin 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

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
			Kentove		
			Remove		
			Add		
			Remove		
			Add		

Remove

). If am	ending any other in	formation, enter change(s) here: (Attach additional sheets,	if necessary.)
			
	<u> </u>		
ated	3- 21	. 2013	<u> </u>
		Signature of a member or authorized representative of a member of signer of	
		Signature of a member or authorized representative of a member	er
		WESLEYNURKER	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00