

LI30000429 14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900246527799

05/01/13--01006--020 **25.00

TO AVOID USE
SUFFICIENT OF FILING

2013 MAY -1 PM 12:00

RECEIVED
DEPARTMENT OF STATE
NOTARY REGISTRATION

MAY 02 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KELLEY PAINTING SERVICES 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:

JOE KELLEY
Name of Person

Firm/Company

5781 SAINT JOE RD
Address

TALLAHASSEE, FL 32311
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

13 MAY - 1 PM 1:40
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOE KELLEY at **850 576-7056**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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

MAY 02 2013

D. BUTLER

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

JOE W KELLEY 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 Liability Company were filed on MARCH 21, 2013 and assigned Florida document number L13000042914.

FILED
13 MAY 1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

KELLEY PAINTING SERVICES LLC

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: JOE KELLEY

New Registered Office Address: 5781 SAINT JOE RD
Enter Florida street address

TALLAHASSEE, Florida 32311
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.

Joe Kelley
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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <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 |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

SECRET
13 MAY 1964
U.S. AIR FORCE
HEADQUARTERS
WALLINGFORD STATION
WASHINGTON, D.C.

D. If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)

Dated _____, _____.

Joe Kelley

Signature of a member or authorized representative of a member

JOE KELLEY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 MAY - 1 PM 1:40
RECEIVED
MAY 13 2013