## L13000043838

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TO JUN 20 MIN 139
SECRETARY OF STATE
ALLORIDA
TALLALIASSEE FLORIDA

6/22/16/25



May 17, 2016

MONIKA KOCANI 2235 ROBIN DR NAPLES, FL 34117

SUBJECT: GOLFSHORE PAINTING LLC

Ref. Number: L13000043838

We have received your document for GOLFSHORE PAINTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Authorized member must sign document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00010376

SECRETARY OF STATE

www.sunbiz.org

## COVER LETTER

TO:

Registration Section

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Tallahassee, FL 32301

## ' TO ARTICLES OF ORGANIZATION OF

Golfshore Painting LLC ed 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 and assigned L13000043838 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AlbStar Painting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2235 Robin Dr Enter new principal offices address, if applicable: Naples Florida 34117 (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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 605, 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

Enter Florida street address

## or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> \_□ Add \_□ Remove \_□ Change \_□ Add

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fective date, if other than the one offective date is listed, the date must	be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
ument's effective date on the De	partment of State's records.	filing requirements, this date will not be fisted
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record specifies a delayed he 90th day after the reco	effective date, but not an effection of is filed.	ive time, at 12:01 a.m. on the earlier
May 10	, 2016	
	Signature of a member or authorized represent	tative of a member
Monika Kocani	Signature of a mornour of page 1222 represent	unite of a monitor
	Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00