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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

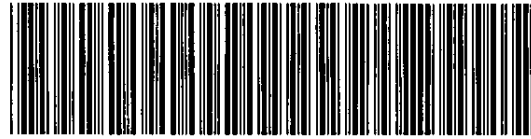
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stu's Professional Painting 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:

Stuart P. Jueong  
Name of Person

\_\_\_\_\_  
Firm/Company

227 Bent Arrow Dr.  
Address

Destin, FL 32541  
City/State and Zip Code

SJueong@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart P. Jueong at ( 850 ) 368-9440  
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>MGR</del>	<del>Thomas James Maley</del>	<del>108 Pippin Dr</del>	<input checked="" type="checkbox"/> Add
		<del>Mary Esther FL 32569</del>	<input type="checkbox"/> Remove
MGR	Thomas James Maley	DBA O'Maley's Interiors	<input checked="" type="checkbox"/> Add
		108 Pippin Dr	<input type="checkbox"/> Remove
		Mary Esther FL 32569	
MGR	John Wilkinson	212 Pippin Dr	<input checked="" type="checkbox"/> Add
		Mary Esther FL 32569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 7, 2014.

Stuart P. Queen  
Signature of a member or authorized representative of a member

Stuart P. Queen  
Typed or printed name of signee

16 JUL 16 AM 9:50