

L13000077821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 JAN -7 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

N. CAUSSEAU

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **River City Painting And Home Repair 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:

Jonathan Taylor

Name of Person

River City painting And Home Repair LLC

Firm/Company

14297 Pablo Woods Lane

Address

jacksonville, Florida 32224

City/State and Zip Code

jonathantaylor@outlook.com

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

For further information concerning this matter, please call:

Jonathan Taylor

904 994-5588

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

River City Painting And Home Repair LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/29/2013 and assigned
Florida document number L13000077821

This amendment is submitted to amend the following:

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

First Coast Home Repair & Remodeling 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)

14297 Pablo Woods Lane

Jacksonville, Florida

32224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14297 Pablo Woods Lane

Jacksonville, Florida

32224

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 Office Address: _____

Enter Florida street address

_____, Florida _____
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 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

MGR = Manager
AMBR = Authorized Member

Diagram illustrating the removal of a node from a linked list. A pointer p points to a node containing the value 10. The next pointer of this node is shown pointing to the next node in the list, bypassing the current node. The current node is marked with a diagonal line through it, indicating it is to be removed. A legend indicates that a box represents 'Add' and a crossed-out box represents 'Remove'.

Diagram illustrating the relationship between the two lines:

- The top line is labeled "Add".
- The bottom line is labeled "Remove".

_____ ☐ Add
 _____ ☐ Remove

_____ ☒ Add ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

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TALLANDSEE, ☒ REMOVE
OFFICE OF STATE
PR

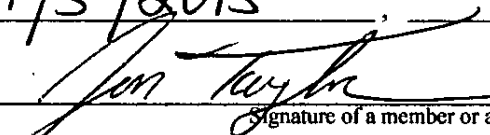
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

1/5/2015



Signature of a member or authorized representative of a member

Jonathan Taylor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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