## L13000089458

Office Use Only



800251525498

09/12/13--01016--011 \*\*25.00 -

13 SEP 12 PH 5:21

O. BUTLER

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Gloria'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:

**Gloria Morris** 

Name of Person

Gloria's Professional Painting

Firm/Company

102 Moody Dr

Address

Panama City Florida 32404

City/State and Zip Code

samishere6511@gmail.com

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

For further information concerning this matter, please call:

Gloria Morris

850,628-6449

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GLORIA'S PROFESSIONAL PAINTING LLC

| (Name of the Limited Liabi  | lity Company as it now appears on our records.) da Limited Liability Company) |                       |
|---|---|-----------------------|
| (A FIORIC   | ia Limited Liability Company)   | W FG                  |
| The Articles of Organization for this Limited Liability             | y Company were filed on June 21, 2013   | and assigned T        |
| Florida document number L13000089458                                |   | 2 SERVE               |
| - I to the december hamber  | <del></del> '   | -0 mg/c               |
|   | •   | T ST                  |
| This amendment is submitted to amend the following                  | ;   |                       |
| A VE amondian name and the name and the li                          | fortand timbility annually bear   | <b>1</b> 2 OF         |
| A. If amending name, enter the new name of the l                    | imited liability company nere:  |                       |
|   |   |                       |
| The new name must be distinguishable and end with the v<br>"L.L.C." | words "Limited Liability Company," the designation "LLC                       | " or the abbreviation |
|   |   |                       |
| Enter new principal offices address, if applicable:                 |   | <u> </u>              |
| (Principal office address MUST BE A STREET AD                       | DRESS)  |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
| Enter new mailing address, if applicable:                           |   | <del> </del>          |
| (Mailing address MAY BE A POST OFFICE BOX)                          |   |                       |
|   |   |                       |
|   |   |                       |
| B. If amending the registered agent and/or reg                      | gistered office address on our records, enter the                             | name of the new       |
| registered agent and/or the new registered office a                 |   |                       |
|   |   |                       |
| Name of New Registered Agent:                                       |   |                       |
| Tame of Non-Registered Agent.                                       |   |                       |
| New Registered Office Address:                                      |   |                       |
|   | Enter Florida street addres.  | S                     |
|   | . Florida   |                       |
| <del></del>   | · · · · · · · · · · · · · · · · · · ·   | 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| Title | <u>Name</u>    | <u>Address</u>        | Type of Action   |
|-------|----------------|-----------------------|--|
| Mgr   | Lori A Day     | 6401 Oakshore Dr      | Add  |
|       |                | Panama City, FI 32401 | Remove   |
| Mgr   | Cory L Jenkins | 5006 East 11th Crt    | Add  |
|       |                | Panama City FI 32401  | Remove   |
|       |                |                       | Add  |
|       |                |                       | Remove   |
|       |                |                       | Add SEE RAME HA  |
|       |                |                       | ARY: OF STATE STATE ARY: OF ST |
|       |                |                       | Add  |
|       |                |                       |  |

| D. If  | amend       | ling any | other information, enter change(s) here: (Attach additional sheets, if necessary.) |  |
|--------|-------------|----------|--|--|
|        |             | •        |  |  |
|        | ,           |          |  |  |
| :<br>• |             |          |  |  |
|        |             |          |  |  |
|        |             |          |  |  |
| Date   | 1 <u>Se</u> | ρł.      | 9. , 2013.   |  |
|        |             |          | Deria D. Morris  |  |
|        |             |          | Signature of a member or authorized representative of a member                     |  |
|        |             | Glori    | a D. Morris  |  |
|        |             |          | Typed or printed name of signee  |  |

Page 3 of 3

Filing Fee: \$25.00

13 SEP 12 PH 5: 21