

# L13000089458

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2014-03-12

B. BOSTICK

APR - 4 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gloria's Professional Painting**

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 D. Morris**

Name of Person

**Gloria's Professional Painting LLc**

Firm/Company

**102 Moody Dr**

Address

**Panama city FL 32401**

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 D Morris**

Name of Person

at **850 628-6449**

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

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## Gloria's professional Painting LLC

The Articles of Organization for this Limited Liability Company were filed on June 21, 2013 and assigned  
Florida document number **L13000089458**

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

***(Principal office address MUST BE A STREET ADDRESS)***

102 Moody Dr  
Panama City Fl 32401

**(Mailing address MAY BE A POST OFFICE BOX)**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

*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.*

Page 1 of 3

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>
MGR	Johnny R Quick	540 Seneca CAve	<input type="checkbox"/> Add
		Panama City FI 32401	<input checked="" type="checkbox"/> Remove
MGR	Kevin L Catlin	2906 E 11th ct	<input checked="" type="checkbox"/> Add
		Panama City FI 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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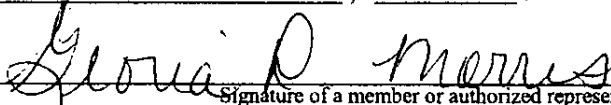
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 **March 27**, **2014**



Signature of a member or authorized representative of a member

**Gloria D. Morris**

Typed or printed name of signee

2014-03-27 PM 12:12