# L13000696876

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T. HAMPTON

#### COVER LETTER

Registration Section **Division of Corporations** 

# **FAULKNERS PAINTING & SERVICES 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:

## CHARLES FAULKNER

Name of Person

#### **FAULKNERS PAINTING & SERVICES LLC**

Firm/Company

111 KAREN DR

Address

PALATKA FL 32177

City/State and Zip Code

wanda621@gmail.com

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

For further information concerning this matter, please call:

## CHARLES FAULKNER

<sub>,</sub>386<sub>,</sub>325-1555

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### **FAULKNERS PAINTING & SERVICES LLC**

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

(,,	I IOII E EIIIII E	active company			
The Articles of Organization for this Limited Li	ability Company	were filed on 07/09/	2013	_ and assigned	
Florida document number L13000096876					
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	_	ility company here:		PILED STATENS OF CORPORATIONS 26 AM 11: 48	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,"	the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	NA			
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:		<u>e</u> :			
		Enter Florida street address			
			, Florida		
		City		Zip Code	
N D 14 14 41 C1 4 16 1 1 1					

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAY, SCOTT M	111 KAREN DR	Add
		PALATKA FL 32177	Remove
MGR	THOMAS, COREY	111 KAREN DR	Add
		PALATKA FL 32177	Remove
			DIASTON CRECORPORATIONS  Addition CRECORPORATION  Addition Remove
	<del></del>		Add
			Add Remove

	nding any other VA	information, enter change(s) here: (Attach additional sheets, if necessary.)
, <u>'I</u>	······································	
_		
_		
_	<u> </u>	
Dated JL	JLY 23	
	- Clean	Signature of a member or authorized representative of a member
	<del></del>	Signature of a member or authorized representative of a member
	CHARLE	S FAULKNER
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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