L13000111599

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EFFECTIVE DATE OM 18-14

B. BOSTICK
APR 18 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

PEGUES A-1 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:

EUGENE PEGUES

Name of Person

PEGUES A-1 PAINTING LLC

Firm/Company

31 WAYNEL CIRCLE

Address

FWB, FL32548

City/State and Zip Code

ROB59@COX.NET

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

For further information concerning this matter, please call:

EUGENE PEGUES

*...*850、978-1615

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)

20.5

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

PEGUES A-1 PAINTING LLC

company has been notified in writing of this change.

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

(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on AUGL	JST 8, 2013	and assi	igned
Florida document number L13000111899				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the design	nation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:	· .			
(Principal office address MUST BE A STREET ADDRESS)			29	
		v. · · ·	ئىس	
Enter new mailing address, if applicable:		• ;	ري.	1
(Mailing address MAY BE A POST OFFICE BOX)			7.7	
			٦پ	125
		m,	:0 :0	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he			name	of the no
Name of New Registered Agent:	 		<u>-</u>	············
New Registered Office Address:				
	Enter Florida st	ter Florida street address , Florida		
	City	2	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	– gree to act in this capa te performance of my o	duties, and I am fami	iliar wit	h and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARK GARNER	715 GLENN PL FWB, FL 3254	7 ■ Add
			Remove
	To the state of th		□ Add
			□ Remove
			Add
			Remove
			Add
			Add
	,		□ C2 □ Remove
			_ 🖸 Add
			_ Remove

). II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	, 1
	
(The effective	date, if other than the date of filing: 1/8//4 (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated 4	/13/14
	E P.
	- Cugene / Egillo
	Signature/of a member or author/zed representative of a member
	EUGENE PEGUES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00