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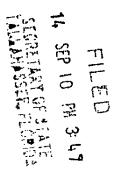
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M. MILLIGAN EXAMINER

SEP 19 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Surfside Elile PainLyng 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:
Timothy E. Thomas Name of Person
Surfside Elite Painling, LCC Firm/Company
Zoz Rose LN Address
Panama C. L. Beach, FC 32413 City/State and Zip Code
Chyrstate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (G50) 832-4683 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Sunfact Fill Par	1. 100	
Name of the Limited Liability Compa (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Mr	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the nev
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Katrina L. Bounds	1406 Paddock Club B	R_ □ Add
		1406 Paddock Club B PANAMA City Book, A	Remove
		32400	
MGK	DARIE/PASCOE	203 Rose LX RB3	3 <i>29</i> 41 3 10 /Add
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ective date must le this document i	

Page 3 of 3

Filing Fee: \$25.00

