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M. MILLIGAN JUN 0 8 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ELIAS CONTRACTORS 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:
Luis F. Elias Name of Person
ELIAS CONTRACTORS PAINTING SERVICES LLC Firm/Company
3209 Langley Circle Address
Tallahassee, FLURIDA, 32312 City/State and Zip Code
Tallahassee, FLORIDA, 32312  City/State and Zip Code  info Polias contractors. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis F. Elias at (850) 5286786  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status 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**

•	TO
ARTICLES O	F ORGANIZATION
	OF PORT OF
ELIAS CONTRACTORS PAINTI (Name of the Limited Liability Co (A Florida Lim	NG SERVICES LLC  ompany as it now appears on our records.)  iited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 103413 and assigned
Florida document number <u>L/3000/50002</u>	,
Articles of Organization for this Limited Liability Company were filed on 100413 affects affected affected affected to amend the following:  I amending name, enter the new name of the limited liability company here:  ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  I rew principal offices address, if applicable:    Cipal office address MUST BE A STREET ADDRESS     Company   Com	
A. If amending name, enter the new name of the limited	ARTICLES OF ORGANIZATION OF  WTRACTOR'S PAINTING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  for this Limited Liability Company were filed on 10 24 13 and assigned 13000150002  d to amend the following:  In the new name of the limited liability company here:  able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  address, if applicable:  UST BE A STREET ADDRESS)  stered agent and/or registered office address on our records, enter the name of the new new registered office address here:  stered Agent:  fice Address:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter i torida street address
New Registered Agent's Signature, if changing Registered Ag	iont.

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DANIEL ELIAS	3209 Langley Cir, Tollahasspe, I	<u> </u>
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			Change
<del></del>			Add
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If an ef Note:	tive date, if other than the date of filing:	05.0207 sted as
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier o
The	e 90th day after the record is filed.	
The	e 90th day after the record is filed.	
The	Signature of a member or authorized representative of a member	2018 JUN -6
The	TUNE 67h 2018	

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Filing Fee: \$25.00