## L17000154957

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J. Shivers NOV 2 5 2014

## COVER LETTER

TO: Registration Se Division of Cor			
	O PAINTING AND HO	ME REPAIR LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID STEINFELD		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	BROTHER AND SIS	TER ACCOUNTING LLC	
		Firm/Company	<del> </del>
	4720 SALISBURY R	D SUITE 216	
		Address	<del></del>
	JACKSONVILLE, FL	ORIDA 32256	
		City/State and Zip Code	
		ERACCOUNTING@GMAIL.	
		o be used for future annual report notifica	ition)
For further information co	oncerning this matter, please ca	all:	
DAVID STEINFELD	ס	904 493-6481	
Name of	「Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORUSSO PAINTING AND HOME RE	PAIR LLC	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000154953</u> .	nny were filed on 11/04/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		e name of the new
		<del>_</del>
Name of New Registered Agent:		<b>三</b>
New Registered Office Address:		AR 6
New Registered Office Address.	Enter Florida street address	SSS T
	, Florida	
New Registered Agent's Signature, if changing Registered Age		8. 2. 2
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of my duties, and 1 am far as provided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AARON M HAYES	6020 ANTIGUA COURT	Add
		FLEMING ISLAND, FL 32003	Remove
MGRM	FRNAKIE FORTIER	6020 ANTIGUA CT	□ Add
		FLEMING ISLAND, FL. 32003	Remove
			Add
			□ Remove
			□ Remove
			SECRE AND A SECOND ASSECTION ASSEC
			7 Age 8: 56
w <u> </u>			Add
			□ Remove

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he effecti	date, if other than the date of filing:
he effection he date th	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
he effecti he date th	re 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)
he effecti he date th	or 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)  OVEMBER 13  2014  Signature of a member or authorized representative of a member
he effecti <sup>r</sup> he date th No	re 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)  OVEMBER 13  2014

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