

L1300054953

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2018 MAR 12 A 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 13 2018

Thomas Lorusso

Name of Person

LoRusso Painting and Home Repairs LLC

Firm/Company

6020 Antigua Court

Address

Fleming Island, Florida 32003

City/State and Zip Code

Thomas@LoRussoPainting.com

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

For further information concerning this matter, please call:

Thomas LoRusso

at (904) 424-5488

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 &
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Certified Copy
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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 Repairs LLC

(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 were filed on November 4th 2013 and assigned

Florida document number L13000154953

This amendment is submitted to amend the following:

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2013 MAR 12 A 11:31
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SECRETARY OF STATE

A. If amending name, enter the new name of the limited liability company here:
LoRusso Painting LLC

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Zip Code

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CLERK OF STATE
TALLAHASSEE, 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

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TALLAHASSEE, FLORIDA

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☐ Change

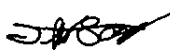
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____
(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 3, 2018.



Signature of a member or authorized representative of a member

Thomas LoRusso

Typed or printed name of signee