L13000155327

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11/14/13--01018--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Superior Painting Plus Restorations LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tim Beach
Name of Person
Firm/Company
30119 Azalea QUE.
Sorrento Fl. 32776
Sorrento Fl. 32776 City/State and Zip Code Tin Beach Painting & yohoo. Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Time Beach at 407 953 6847 Name of Person 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 \$\square\$\$\$\$55.00 Filing Fee & \$\square\$

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior A	inting	Plus	Restorations	LLC
(Name of the Limited Lia (A Flo	bility Company rida Limited Lia	as it now appear bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number 1300015				gned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the				
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Comp	any," the designation "LLC" or the ab	breviation
No change		1	Broch	
Enter new principal offices address, if applicable		700119	Asalen ave	
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	Sorre	Beach Azalea ave. nto FI. 32171	9
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter the name of	the new
Name of New Registered Agent:	Tim	Benc		
New Registered Office Address:	<u> </u>	E	nter Florida street address	
_			, Florida	
		City	Zip Code	

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 608, 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

			Managing Members or Ided or remoyed from		· · ·		
	MGR = Ma	anager Managing Mambar	- (A	lote) or	ly need	Inome	corection
T Z		Name 1. Lorie Only	Beach Need Hor	Address 30119	Azalea a	sorrento	Property Action Add Remove
	1GR	2 Lorie	PoweLL	30119	Valea priento	ave. Fl. 3277	Add Remove
^	<u>v GR</u>	Kevin	Ladary.	JR	San	ne ald.	Add Remove
			· 				Add Remove
							Add Remove
							Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	adding 3rd member to UC
	MGR
Dated _	145/13
	JE Bent
	Signature of a member or authorized representative of a member Reach
	Typed or printed name of signee
	Dago 2 of 2

Page 3 of 3

Filing Fee: \$25.00