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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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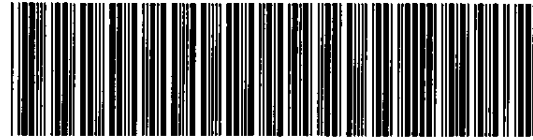
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James Daniels Painting 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:

Robert Burnett
Name of Person

James Daniels Painting LLC
Firm/Company

1474 Pine Lane Dr
Address

Cantonment, FL 32533
City/State and Zip Code

jnd201284@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Burnett at (931) 316-2939
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 & 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**

James Daniels Painting 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 4 Dec 13 and assigned Florida document number L13000167720

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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:

Robert Burnett

New Registered Office Address:

1474 Pine Lane Dr

Enter Florida street address

Cantonment

City

Florida

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SECRETARY 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.

Robert Burnett

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
AMBR = Authorized Member

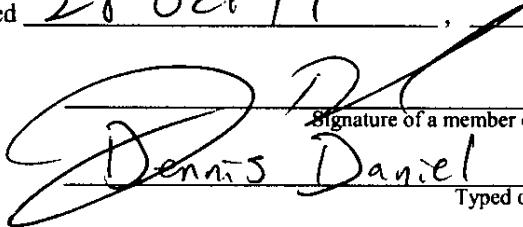
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Burnett	1474 Pine Lane Dr	<input checked="" type="checkbox"/> Add
		Cantonment FL 32533	<input type="checkbox"/> Remove
MGR	Dennis Daniel	1474 Pine Lane Dr	<input type="checkbox"/> Add
		Cantonment FL 32533	<input checked="" type="checkbox"/> Remove
MGR	Nichole Daniel	1474 Pine Lane Dr	<input type="checkbox"/> Add
		Cantonment FL 32533	<input checked="" type="checkbox"/> Remove
AMBR	Daniel Brake	513 Orby St	<input type="checkbox"/> Add
		Pensacola FL 32534	<input checked="" type="checkbox"/> Remove
AMBR	Brandon Lundell	1474 Pine Lane Dr	<input type="checkbox"/> Add
		Cantonment FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 14 Nov 14 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 28 Oct 14



Signature of a member or authorized representative of a member
Dennis Daniel

Typed or printed name of signee

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Filing Fee: \$25.00

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