# L14000003238

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SECRETARY OF STATE

FEB =3 2013 T. HAMPTON

# **COVER LETTER**

	gistration Secti ision of Corpo				
SUBJECT:	COOMBS	S COMMERCIAL AN	ND INDUSTRIAL	. PAINTING	LLC
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	d Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		Michael Coor	mbs		
			Name of Person		<del></del>
			Firm/Company		
		5521 SW 10t	h PLACE		
			Address		
		MARGATE, I			
		MAURICE.R.COC			
For further i	nformation con	E-mail address: (to cerning this matter, please call	be used for future annual re	eport notification)	
		. COOMBS		33-8709	
	Name of P		at (407) Area Code	Daytime Telepho	ne Number
Enclosed is a	a check for the	following amount:			
■ \$25.00 F		□ \$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

### COOMBS COMMERCIAL AND INDUSTRIAL 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 L Florida document number L14000003238	Liability Company	were filed on 01/0	07/2014 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabi	ility company here	#
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	2380 NW 30	СТ
(Principal office address MUST BE A STREE	CO AL MANOR DE L'ORDERE LE DEPERS. OAKLAND PARK EL 33311		ARK, FL 33311
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	/or registered of		SEGRETARY OF STATE OF LORID PH 129 our records, enter the name of the new
Name of New Registered Agent:	MAURICE I	R. COOMBS	·
New Registered Office Address:	5521 SW 1		
		Enter Florida	a street address
	MARGATE		, Florida <u>33</u> 068
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		•
I hereby accept the appointment as registere	ed agent and agre	ee to act in this ca	pacity. I further agree to comply with the
· / · · · · · · · · · · · · · · · · · ·			

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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAURICE R. COOMBS	5521 SW 10th PLACE	🖴 Add
		MARGATE, FL 33068	Remove
MGR	Michael Coombs	5521 SW 10th PLACE	<b>■</b> Add
		MARGATE, FL 33068	Remove
			Add Remove
			□ Remove
		TĂLLAHASSEE, FLORIDA	A A A A A A A A A A A A A A A A A A A
			□ Remove

ľ	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E	ffective date, if other than the date of filing:
T	be effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after be date this document is filed by the Florida Department of State)
ח	ated <u>29-1-17</u> 0 ,
	(Regard)
	Signature of a member or authorized representative of a member
	Michael Coombs
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JAN 30 PM 13 29
SECRETARY OF STATE

t:,