

L140000006753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600259796126

05/05/14--01013--007 \*\*25.00

FILED  
14 MAY -5 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2014

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pitts Custom 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:

**Amanda B. Pitts**

Name of Person

**Pitts Custom Painting, LLC.**

Firm/Company

**2616 Parliament Ct.**

Address

**Middleburg, FL 32068**

City/State and Zip Code

**PittsCustomPainting@gmail.com**

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

For further information concerning this matter, please call:

**Amanda B. Pitts**

Name of Person

at **(904)**

Area Code

**401-9949**

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**Pitts Custom Painting, LLC.**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 MAY -5 PM 3:07  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on January 13, 2014 and assigned  
Florida document number L14000006753

This amendment is submitted to amend the following:

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

(Not Applicable)

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:**

(Not Applicable)

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

(Not 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:

(Not Applicable)

New Registered Office Address:

Enter 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 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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>       | <u>Type of Action</u>                   |
|--------------|---------------|----------------------|-----------------------------------------|
| AMBR         | Leon J. Pitts | 2616 Parliament Ct   | <input checked="" type="checkbox"/> Add |
|              |               | Middleburg, FL 32068 | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |
|              |               |                      | <input type="checkbox"/> Add            |
|              |               |                      | <input type="checkbox"/> Remove         |
|              |               |                      |                                         |

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

~~(Not Applicable)~~

EIN: 45-3309506

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 April 18, 2014



Signature of a member or authorized representative of a member

**Amanda B. Pitts**

Typed or printed name of signee