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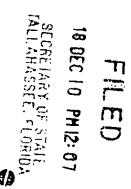
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COVER LETTER

	gistration Servision of Cor			
**************************************		ainting & Handyman Services	LLC	
SUBJECT:Name of Limited Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Charles A. Gurganus Jr.		
			Name of Person	
		Gurganus Painting & Hanc	dyman Services LLC	
			Firm/Company	
		612 3rd Street		
			Address	· · · · · · · · · · · · · · · · · · ·
		Chipley, F1. 32428		
			City/State and Zip Code	
		tonygurganusjr@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
Melanie Gr	-		at () 326-9407 Area Code Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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**

Gurganus Painting & Handyman Services LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
(**************************************		
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/30/2014	and assigned
Florida document number 1.14000017051		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or the abbi	eviation "L.L.C."
		18 SEC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SS TO
Enter new mailing address, if applicable:		<u>₹</u> 60
(Mailing address MAY BE A POST OFFICE BOX)		€D
		₹Ø
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age.	nt:	

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 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>	Type of Action
AMBR	Jason Beard	406 2nd Street	🗏 Add
· · · · · · · · · · · · · · · · · · ·		Chipley, FL 32428	☐ Remove
			☐ Change
AMBR	Michael Mader	4845 Tall Pine Dr.	
		Marianna, FL 32446	
		· · · · · · · · · · · · · · · · · · ·	Remove
		·	Change
			Add
			Remove
			A A A A A A A A A A A A A A A A A A A
			ARTO OF SHEEF FLO
			Remove SELIMICHER SELIMICH ARROWS FLORIDA Change
			□ Change
			Remove
			☐ Remove
			Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	CRETARY	
	080 1 3 8 5 3 8 1 S	
		_
E. Effective date, if other than the date of filing: (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.) Pote: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	tursuant to 6 ill not be li	505.0207 (3)(b) isted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b) The 90th day after the record is filed.	n the ear	rlier of:
Dated December 6 2018		
Signature of a member or authorized representative of a member		
Charles A. Curcanus J. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00