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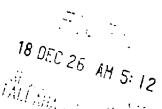
	ration Section of Corpo		•		
	urganus Pair	ting & Handyman Services	LLC		
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Charles Anthony Gurganus	s Jr		
			Name of Person		_
		Gurganus Painting & Hand	lyman Services LLC		
			Firm/Company		-
		612 3rd Street			
			Address		_
		Chipley, FL 32428			
			City/State and Zip Code	-	-
		tonygurganusjr@gmail.com 			
		E-mail address: (t	to be used for future annual re	port notification)	
For further info	rmation con	erning this matter, please ca	all:		
Melanie Gurga	nus		850 326-	9407	
	Name of Pe	erson	Area Code	Daytime Telephone Number	rr
Enclosed is a ch	neck for the f	following amount:			
\$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &

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



	$M_{\rm S}(M_{\rm P})$
Gurganus Painting & Handyman Services LLC	200 July 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Gurganus Painting & Handyman Services 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 01/30/14 and assigned Florida document number L14000017051 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	records.)
	and assigned
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 contain the words "Limited Liability Company," the designation	n "L1.C" 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)	
	ecords, enter the name of the nev
Name of New Registered Agent:	
Enter Florida street	i adaress

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.

City

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>	Name	Address	Type of Action
AMBR	Robert Clay Gurganus	1415 Mississippi Ave.	Add
		Lynn Haven, FL 32444	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
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	TALLES AND STREET	-5: / -3: / - - - - - -
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Tective date, if other than the date of filing: 12/15/18 In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requires becoment's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	605.020 isted as
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the ear	rlier o
ated December 19 2018		
	N	
Signature of a member of authorized representative of a mem	DCI	

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Filing Fee: \$25.00