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SECRETARY OF STATE
FALLAHASSEF, FLORIDA

K.SALY EXAMINER SER 1 2 2014

COVER LETTER

Division of Corporations
SUBJECT: Richard The Dainter 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:
RICHARD POLANCO Name of Person
Richard The PaiNter LLC Firm/Company
8415 CAROLINA STREET
SARASOTA, FL 34243 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Polanco at 941 7726-9207 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee & Certificate of Status ■ \$55.00 Filing Fee & Certificate of Status ■ \$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 F//
ARTICLES (OF ORGANIZATION
	OF
Name of the Limited Liability (A Florida L.	OF AMENDMENT TO OF ORGANIZATION OF PAINTER LLACAHARY OF STATE Imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L140000192777</u>	npany were filed on 20414 & 8:00AM and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "Limit	ed 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 ADDRE	<u>ss)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> <u>ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Charles J. Fletcher	R 8415 CAROLINA ST.	= Add
	·	SARASOTA, FL 34243	Remove
MGR	Richard Polanco	8415 CAROJINA ST SARASOTA, FZ 34245	Add
		SARASOTA, FZ 3424	Remove
	***************************************		= Add
			Remove
			 ■ Add
			Remove
			= Add
			■ Remove
			i Add
			_ Remove

. І	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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			
(1	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)			
	t=11 H			
I	Dated February 7. 2014.			
	Kachoud Varnas			
	Signature of Amember or authorized representative of a member			
	RICHARD POLANCO			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00