UMW23530

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

APR 2 5 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ROSSI 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:		
Christina Rossi Name of Person Rossi Painting LLC Firm/Company		
11911 NE 105th Ave		
City/State and Zip Code Cossipainting Dyahoo, com E-mail address: (to be used for future annual report notification)	16 APR 22 F	SECRETARY O
For further information concerning this matter, please call:	PM 9	FLO
Christina Rossi at 352 278-0958 Name of Person Area Code Daytime Telephone Number	9: 59	が一つ
Enclosed is a check for the following amount:		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

company has been notified in writing of this change.

KOSSI Painting	LLC			
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400023530</u>	were filed on Feb. 11, 201	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	 	SECTION ALL		
(Principal office address MUST BE A STREET ADDRESS)		号 窑		
		2 Sape		
Enter new mailing address, if applicable:		PH 9		
(Mailing address MAY BE A POST OFFICE BOX)		50		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev		
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 Agent:	1			
I hereby accept the appointment as registered agent and agre	ree to act in this capacity. I further as	gree to comply with the		

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
MGR	Christina Rossi	11911NE105th Ave	(Add
		Archer, FL 32618	Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
<u>AMBR</u>	Michael Straggus	11911 NE 165th Ave	⊠ Add
		Archer, FL 32618	Remove
			☐ Change
			DAdd 77.SE
			SECRETARY TALLAWASS
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			- Per 1997
			Remove
	~~*3´		_☐ Change
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Note: If the date ins	ther than the date of sted, the date must be spe- serted in this block doc- e date on the Departme	es not meet the ap	plicable statutory	or more than 90 days a filing requirements,	ptional) fter filing.) Pursuan this date will not	it to 605.0207 be listed as
	es a delayed effect after the record is		not an effecti	ve time, at 12:0	1 a.m. on the	earlier of
Dated April	18	, <u>201</u>	<u>6</u> .			
Dated FIPTIT	(> 1~ K.				
Dated LIMIT	Signatu	ite of a member or	authorized represent	ative of a member		

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Filing Fee: \$25.00