

L14000031082.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

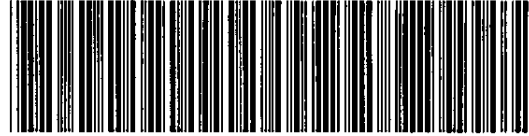
(Business Entity Name)

(Document Number)

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05/05/14--01009--015 **60.00

FILED
14 MAY -5 PM 3:45
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

MAY 27 2014
S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Hollifield 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:

Ryan Heath Hollifield

Name of Person

Pro-Touch Painting, LLC

Firm/Company

2914 Royal Tuscan Lane

Address

Valrico, FL 33594

City/State and Zip Code

jhollifield@tampabay.rr.com

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

For further information concerning this matter, please call:

Ryan Hollifield

Name of Person

at **(813) 503-4051**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
16 MAY -5 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2014

RYAN HEATH HOLLIFIELD
2914 ROYAL TUSCAN LANE
VALRICO, FL 33594

SUBJECT: HOLLIFIELD PAINTING, LLC
Ref. Number: L14000031082

FILED
14 MAY -5 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HOLLIFIELD PAINTING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 614A00010031

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hollifield Painting, 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 02/21/2014 and assigned
Florida document number L140000031082.

This amendment is submitted to amend the following:

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

Pro-Touch Painting, LLC Pro-Touch Painting of Central Fl., LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if 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:

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

RECEIVED
SECRETARY
MAY - 5 - 2014
FILED

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	Ryan Hollifield	2914 Royal Tuscan Lane	<input checked="" type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove

AMBR	Ryon Henry	1105 North Merrin Street	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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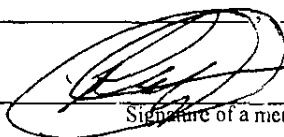
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14 MAY -5 PM 3:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. If 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 the date this document is filed by the Florida Department of State)

Dated April 30 2014



Signature of a member or authorized representative of a member

Ryan Heath Hollifield

Typed or printed name of signee

FILED
14 MAY -5 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA