

L140000 59381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 AUG 19 PM 4:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 20 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONSite Remodel and cleaning 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:

Shawn Welch
Name of Person

OnSite Remodel and cleaning
Firm/Company

236 B Harbor Blvd
Address

Destin FL 32541
City/State and Zip Code

Shawn.Tshaw24@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Welch at (850) 974-2839
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2014

SHAWN WELCH
236 B HARBOR BLVD.
DESTIN, FL 32541

SUBJECT: ONSITE REMODEL AND CLEANING LLC
Ref. Number: L14000059381

We have received your document for ONSITE REMODEL AND CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) of the Amendment form. According to the Amendment you are Amending 236 R to 236 B Harbour Blvd?

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 514A00017522

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

Onsite Remodel and cleaning 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 8/8/14 and assigned
Florida document number L14000059381.

This amendment is submitted to amend the following:

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

Shawn Welch

The new name must be distinguishable and end with 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, 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:

Shawn Welch

New Registered Office Address:

236 B Harbor Blvd

Enter Florida street address

Destin

City

, Florida

32541

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.

Shawn Welch


If Changing Registered Agent, Signature of New Registered Agent

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 _____

Signature of a member or authorized representative of a member

Typed or printed name of signee
Shawn Welch

FILED
14 AUG 19 PM 4:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA