## L14000 120064

(Re	equestor's Name)	
(Ad	ldress)	··· <del></del>
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
•	,	,
PICK-UP	☐ WAIT	MAIL
_	_	
	-i Falik Ni-	
(Bi	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,	•	
		_
		12,00
		4012

Office Use Only



800314881928

06/25/18--01034--003 ++60.00



J 30-18



June 27, 2018

PATRICK PAINTER 759 MOORLAND LN PALM HARBOR, FL 34683

SUBJECT: PATRICK PAINTERS DUNEDIN WOODWRIGHT, LLC

Ref. Number: L14000120064

We have received your document for PATRICK PAINTERS DUNEDIN WOODWRIGHT, 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The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 118A00013366

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: PAR	21CK PAINTERS Name of Lim	DUNFOIN WOODW ited Liability Company	IRIGHT UC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PATRIC	K PAINTER Name of Person	<del>-</del>
	PATRICK PAINTS	ER'S DUNEDIN' WI	DODWRIGHT LLC
	985 Doug1	Address	<del></del>
	DINEDIN,	FL 34GE City/State and Zip Code	
	DINEOLN W. E-mail address: (	OODWRIGHT @ to be used for future annual report notif	GMAIL, LOM
For further information	concerning this matter, please co	ali:	
PATRICK PA	OT Person	at (727) 94 (c. 14) Area Code Daytime	e 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:

TO:

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

PATRICK PAINTER'S DINERN WOODWRIGHT

(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 vi Florida document number LIHOOO12006	were filed on JULY 31, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  DEGIGN WRIGHT LI  The new name must be distinguishable and contain the words "Limited Liability".	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	759 MOORLAND LN. PALM HARBOR FL 34683
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 2671 DUNEDIN, FL 341097
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address Eng 0
	Enter Florida street address  Florida  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

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>	<u>Name</u>	Address	Type of Action
AMBR	AIEXANDRA PAI	NTER 799 MOORLA PALM HARBOR	NO LN NAdd FL 34683
			Remove
			Change
<del></del>			
			Remove
			Change
<del></del>			
			П Remove
			S Change
			SECRETARY OF STAFE Change Change Change Change Change
			SSO Remove
			F A Chinge
<del></del>			
			□ Remove
			Change
			□ Add
			□ Remove
			Change

<u>_</u>			
_			
_			
_			
_			
_			
_			· · · · · ·
_			
_			
_			<del></del>
		S	20
_		⇒C	<del></del>
_		L RET	<u>2</u>
_		A.H.A.	23 [
		တ်လ	<b>₹</b> [
		<u>∵</u> o	<del>- 100</del>
_		<u> </u>	╌┺
(If an effe Note:	ve date, if other than the date of filing: JUNE 28 2018 (of ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days (if the date inserted in this block does not meet the applicable statutory filing requirements, and is effective date on the Department of State's records.	optional)	ersuant to 605.0
	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.	)1 a.m. on	the earlier
Dated_	June 22 . 2018.		
	Signature of a member or authorized representative of a member		<del></del>
	Patrick Painter Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

	June 22,2018
	1, Alexandra Painter understand, agree and accept the obligations and appointment of AMBR at Design Wright LLC.
	Thank you,
	Alexandra Painter
t.	