

L14000A3460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

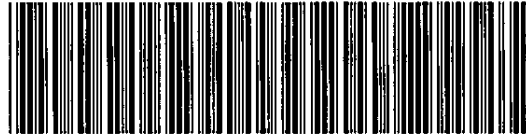
(Business Entity Name)

(Document Number)

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04/13/15 11:11

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COMPLETE CONTRACT PAINTERS, 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:

LAQUEISA O. BOYD

Name of Person

COMPLETE CONTRACT PAINTERS, LLC

Firm/Company

P.O. BOX 100487

Address

FORT LAUDERDALE, FL 33310

City/State and Zip Code

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

For further information concerning this matter, please call:

LAQUEISA O. BOYD

Name of Person

954 at ()

Area Code

687-2170

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

Check # 192

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
ARTICLES OF ORGANIZATION
OF**

COMPLETE CONTRACT PAINTERS, 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 DECEMBER 22, 2014 and assigned Florida document number L14000193660.

This amendment is submitted to amend the following:

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

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)

COMPLETE CONTRACT PAINTERS, LLC
P.O. BOX 100487
FORT LAUDERDALE, FL 33310

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

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>
P	PATRICK D BOYD SR	2651 NW 14TH COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Remove
VP	LAQUEISA O BOYD	2651 NW 14TH COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Remove
MGR	PATRICK D BOYD SR	P.O. BOX 100487	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33310	<input type="checkbox"/> Remove
AMBR	LAQUEISA O BOYD	P.O. BOX 100487	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33310	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

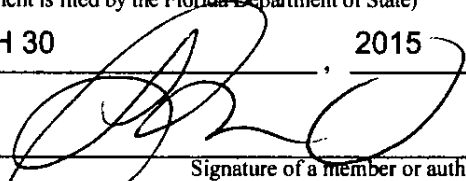
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FLORIDA

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 MARCH 30, 2015



Signature of a member or authorized representative of a member

LAQUEISA O BOYD

Typed or printed name of signee

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Filing Fee: \$25.00

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