L15000003878

# Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : T20120000076
Phone : (813)877-8938
Fax Number : (813)514-2806

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: lebroncpa@yahoo.com

RECEIVED
15 JAN 28 AM 10:00
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## ZION PAINTING, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | $25.00 |

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TALLAHASSEE, FLORIDA

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S. YOUNG

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# FAX COVER SHEET

**To:**

**From:** Lebron Accounting Service <lebronaccounting@yahoo.com>

**Company:**

**Date:** 01/28/15 11:08:55 AM

**Fax Number:** 8506176383

**Pages (Including cover):** 8

**Re:** ZION AMENDMENT- SECOND REQUEST

**Notes:**

***Milka Haskins EA, MACC.***
***Professional Accountant & Enrolled Agent***
***Haskins & Herrera Accountants***
***DBA Lebron Accounting Services***
***Ph. (813)877-8918***
***Fax. (813)514-2806***
***www.lebronaccounting.com***

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H15000013013

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZION 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:

Milka Haskins
Name of Person

Haskins & Herrera Accountants
Firm/Company

5116 N Armenia Ave
Address

Tampa, FL 33603
City/State and Zip Code

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

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For further information concerning this matter, please call:

Milka Haskins at (813) 877-8918
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

H15000013013

H15000003073

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

ZION 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 01/07/2015 and assigned Florida document number L15000003878

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 "L.L.C." or the abbreviation "L.C."

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**Enter new principal offices address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS)*

4093 CANARY PALM CIRCLE
PLANT CITY, FL 33566

**Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

4093 CANARY PALM CIRCLE
PLANT CITY, FL 33566

**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: Magali Garcia Morales

New Registered Office Address: 4093 CANARY PALM CIRCLE
*Enter Florida street address*

PLANT CITY, Florida 33566
*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.*

Magali Garcia
If Changing Registered Agent, Signature of New Registered Agent



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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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Magali Garcia Morales | 4093 CANARY PALM CIRCLE | ☒ Add |
| | | PLANT CITY, FL 33566 | ☐ Remove |
| | | | ☐ Add |
| | | | ☒ Remove |
| | | | ☐ Add |
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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 January, 21st 2015

Magali Garcia
*Signature of a member or authorized representative of a member*

Magali Garcia Morales
*Typed or printed name of signee*

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