

L15000014973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

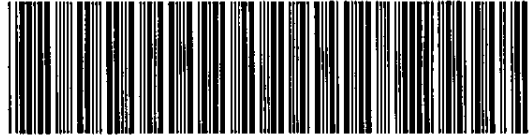
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINTING 4U, 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:

LUIS G RIVERA

Name of Person

PAINTING 4U, LLC

Firm/Company

5700 Mels Way

Address

Lake Worth, FL 33463

City/State and Zip Code

jagvilar017@yahoo.com

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

For further information concerning this matter, please call:

LUIS G RIVERA

at (561) 729-4959

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

PAINTING 4U, LLC

February 10, 2015

To:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment

To whom it may concern,

Please see attached the amendment form for my company: Painting 4U, LLC; where I forgot to fill out my name as the owner of the company (Authorized Person), also enclosed is the check for the \$25.00 (Check# ~~876~~) fee.

If you may have any further question, please do not hesitate to contact me at 561-729-4959.

Thank you for your help,


LUIS G. RIVERA

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

PAINTING 4U, 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 01/26/2015 and assigned
Florida document number L15000014973.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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>
Owner	LUIS G RIVERA	5700 Mels Way	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33463	<input type="checkbox"/> Remove
N/A		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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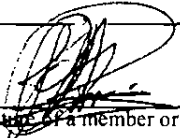
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 N/A



Signature of a member or authorized representative of a member

LUIS G RIVERA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA