

L15000018755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 MAR 23 PM 12:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2015

KURT LOBENTHAL
7355 SPRING HILL RD.
JACKSONVILLE, FL 32244

SUBJECT: CERTIFIED PAINTING AND WATERPROOFING, LLC
Ref. Number: L15000018755

We have received your document for CERTIFIED PAINTING AND WATERPROOFING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00004639

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Certified Painting and Waterproofing 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:

Kurt Lobenthal

Name of Person

Certified Painting and Waterproofing LLC

Firm/Company

7355 Spring Hill Rd.

Address

Jacksonville, FL 32244

City/State and Zip Code

klobenthal1@gmail.com

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

For further information concerning this matter, please call:

Kurt Lobenthal

Name of Person

at (904)

Area Code

713-1677

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

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TALLAHASSEE FLORIDA

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

Certified Painting and Waterproofing 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 3-18-15 and assigned
Florida document number L15000018755.

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)

7355 Spring Hill Rd.
Jacksonville, FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7355 Spring Hill Rd.
Jacksonville, FL 32244

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:

7355 Spring Hill Rd.
Enter Florida street address

Jacksonville
City

Florida

32244
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JULIA MASSE FLORES

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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 3-18 - 2005

Kurt Lobenthal

Signature of a member or authorized representative of a member

Kurt Lobenthal

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE FLORIDA