## LEWO3434

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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AUG 2 4 2015 S. YOUNG

## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC		ΓING & RESTORATION, LLC	C.			
SUBJEC	.1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
			Name of Person			
		MAR/KIS INSURANCE	AGENCY, INC.			
Firm/Company			· 돌음 <b>5</b>	i		
		2228 9TH STREET W				- <del></del>
			Address			3 ===
		BRADENTON, FL 34205				ED
			City/State and Zip Code			,
		MARKISINSURANCE@T	AMPABAY.RR.COM to be used for future annual report notif		25 G	-
For furthe	er information c	concerning this matter, please co	ali:	reation <i>y</i>		
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	·	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM PAINTING & RESTORATION, LLC.	the Company as it now appears on our records )	
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
the Articles of Organization for this Limited Liability C	Company were filed on 02/27/2015	and assigned
lorida document number L15000036634	<del>.</del>	
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
		三流 动
nter new mailing address, if applicable:		5 2 6 2 450
Mailing address MAY BE A POST OFFICE BOX)		# m
www.com.n.n.n.n.n.n.n.n.n.n.n.n.n.n.n.n.n.n.n		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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>	<u>Address</u>	Type of Action
AMBR	RENE ESCOBEDO BALDITT	2820 21ST ST CT E	
		PALMETTO, FL 34221	<b>□</b> Remove
			Change
AMBR HABRAHAM SANCHEZ	2820 21ST ST CT E		
	PALMETTO, FL 34221	■ Remove	
			☐ Change
			Add
			□ Remove
		<u></u>	□ Change
<del></del>		<del></del>	Add
			Remove
			□ Change
			-□ Add
			Remove  Change
			3 Add-
		· · · · · · · · · · · · · · · · · · ·	Co □ Remove
			□ Change

E. Effe	ctive date, if other than the date of filing:(optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docı	ument's effective date on the Department of State's records.
If the r	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) Th	ne 90th day after the record is filed.
(0) 11	
	18-13-15 PART C
	8-13-15 101 - 11
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00