L150044677

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600272683526

05/13/15--01011--002 **25.00

2015 MAY 13 AM IO: 26
SECRETARY OF STATE
SECRETARY OF STATE
MAY ANASSEE FLORIDA

WRY 2.1 EEFS

ČOVÉR LETTER

Sec. 1

TO: Registration Seconds Division of Corp					
suвјест: <u>Ке</u>	y Painting, L Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	<u> </u>	Name of Person	\		
		Firm/Company			
	7715	SW 82nd St			
	<u> </u>	ala, FL 34476 City/State and Zip Code			
		nting 15 Dgma to be used for future annual report notifi		2015 	
For further information co	oncerning this matter, please ca	all:		2015 HAY	- The state of the
Yvonne Name of	METROY	at (352) 427 Area Code Daytime	- 3(98 Telephone Number	I 3 AH IO: 21 RY OF STATE SSEE FEORIO	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

KEY PAINTING, LLC		
(Name of the Limited Liab (A Flori	ollity Company as it now appears on our recording Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 03/11/15	and assigned
Florida document number L15000044677		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		s, enter the name of the n
registered agent and/or the new registered office ad	<u>auress nere</u> :	
Name of New Registered Agent:		ASS &
New Registered Office Address:		
	Enter Florida street addres	25 ÷ (_/
	, FI	orida Zip Code
	City	Zip Coae

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>	Address	Type of Action
AMBR	David W. Longfellar	41 Sapphire Run, Ocala, 31	1472 Add
			Remove
			Change
<u>AMBR</u>	Brian Scott	113 SE Wenona Ave, Ocala, 30	147013 Add
			□ Remove
			Change
			Add
		-	Remove
			Change
	 		
			Remove Change
		VEE Y CORIS	MAN Change Chang
			Change
			Add
			☐ Remove
			Change

			.,				
	1	1					
						,	
- ,		······································					
			,				
				···			
			, m				
ective	date, if other that we date is listed, the dat	the date of filing	$\frac{5.7}{1000000000000000000000000000000000000$	date of filing or	opti	ional) Eureudet	, 22 No 605031
te: If t	he date inserted in tl	nis block does not n	neet the applical	ole statutory fili	ng requirements, thi	s date willingt	be listed a
cument'	's effective date on t	he Department of S	tate's records.			457	7
				**		ARY (SSEE	د ي
record The 90	d specifies a del oth day after the	ayed effective d record is filed.	late, but not	an effective	time, at 12:01	a.m. on the	earlier (
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				STATE LORIDA	<u>ö</u> ;
ed	May	ofth	2015	-		DA DA	26
	······································	······································		<u>-</u> ·			
		from	ne y	wyr	\sim		
		Signature of a r	nember or author	ized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00