

LS00001155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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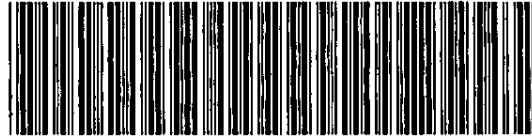
(Business Entity Name)

(Document Number)

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16 MAR 30 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2018

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Santiago's 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:

Robert Santiago  
Name of Person

Santiago's Painting LLC  
Firm/Company

3216 Vista Palm Drive  
Address

Edgewater FL 32141  
City/State and Zip Code

Summerleanned6@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Summer Lane at (386) 478 8418  
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

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

Santiago's 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 6/10/2015 and assigned Florida document number 1500010185

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 contain 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)

Enter new mailing address, if applicable:

(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:

Robert Santiago

New Registered Office Address:

3216 Vista Palm Drive

Enter Florida street address

Edgewater

City

Florida

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>	<u>Type of Action</u>
MGR/ OWNER	Robert Santiago	3216 Vista Palm Drive Edgewater FL 32141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AP	Summer Lane	3216 Vista Palm Drive Edgewater FL 32141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Summer Lane	3216 Vista Palm Drive Edgewater FL 32141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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SECRETARY  
ITALY/AMASS  
16 MAR 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 30 AM 9:03

605.0207 (3)  
not listed as the

Dated June 15<sup>th</sup>, 2015

[Signature]  
Signature of a member or authorized representative of a member

Summer Lane  
Typed or printed name of signer