

L15000119781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

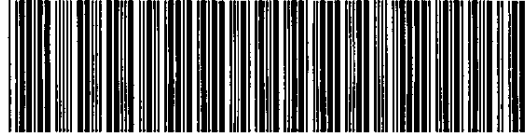
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 DEC 14 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 07 2015  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hamilton 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:

Jessie Hamilton

Name of Person

Hamilton Painting LLC

Firm/Company

16305 NE 52nd Court

Address

Citra, Florida 32113

City/State and Zip Code

Hamiltonj316@gmail.com

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

For further information concerning this matter, please call:

Jessie Hamilton

352 299-0935  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 3

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	Jessie Hamilton	16305 NE 52nd Court	<input checked="" type="checkbox"/> Add
		Citra, Florida 32113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patricia Hamilton	16305 NE 52nd Court	<input checked="" type="checkbox"/> Add
		Citra, Florida 32113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2015 DEC 14 AM 10:07  
 FLORIDA  
 RELATIVES

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 1 2015

Jessie Hamilton  
Signature of a member or

Signature of a member or authorized representative of a member

**Jessie Hamilton**

Typed or printed name of signee

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**Filing Fee: \$25.00**

2015 DEC 14 AM 10:57  
FALLA HASSLE FLORIDA