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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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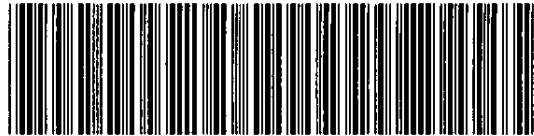
(Business Entity Name)

(Document Number)

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15 AUG 17 AM 11:28
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FILED
15 AUG 17 AM 11:38
JUL 20 2015

AUG 17 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FIRST 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:

LUCA BERTON

Name of Person

FLORIDA FIRST PAINTING

Firm/Company

720 TRINIDAD RD.

Address

JACKSONVILLE, FLORIDA 32216

City/State and Zip Code

DELUCA40@AOL.COM

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

For further information concerning this matter, please call:

LUCA BERTON

Name of Person

at (904) 725 8808

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**

FLORIDA FIRST 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 AUG. 2, 2015 and assigned Florida document number L15000131826.

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:

DEBORAH L BERTON

New Registered Office Address:

720 TRINIDAD RD.

Enter Florida street address

JACKSONVILLE

City

, Florida 32216

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.

x Deborah L Berton

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>
AMBR	LUCA G. BERTON	720 TRINIDAD RD. JAX FL 32216	☒ Add
			☐ Remove
			☐ Change
AP	DEBORAH BERTON	720 TRINIDAD RD JAX FL 32216	☐ Add
			☒ Remove
			☐ Change
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15 JUN 17 AM 11:39

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JAX

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(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)

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 AUG. 13 2015, _____.

Typed or printed name of signer

15:06 17 April: 38
15:07 17 April: 38
15:08 17 April: 38

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