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COVER LETTER

		stration Sect sion of Corpo				
CHD IE		PERFECTIO	N PAINTING & REMODEL	ING LLC		
SUBJEC	٠1; _		Name of Limi	ted Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please re	turn	all correspond	dence concerning this matter t	to the following:		
			MACHEAL GOMEZ			
				Name of Person		_
			ROCKET LAWYER			
Firm/Company						
			5668 EAST 61ST STREET			_
				Address		
			COMMERCE, CA 90040			_
			e.trigger1980@gmail.com	City/State and Zip Code		_
				o be used for future annual rep	ort notification)	
For furth	er in	formation cor	ncerning this matter, please ca	II:		
MACHEAL GOMEZ		800 462-5				
		Name of I	Person	Area Code	Daytime Telephone Numb	er
Enclosed	l is a	check for the	following amount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	Filing Fee, eate of Status & d Copy al 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

PERFECTION PAINTING & REMODELING 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 $\frac{08/04/2015}{1}$ and assigned Florida document number L15000133315 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." 11325 NORTH MAIN STREET #35 Enter new principal offices address, if applicable: JACKSONVILLE, FL 32215 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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>	Name	<u>Address</u>	Type of Action
AMBR	PATRICIA MARIE HARRIS	11325 N. MAIN STREET #35	
		JACKSONVILLE, FL 32215	_ □ Remove
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