## 115000158345

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Cor	porations		
A Drop of I	Excellence Painting LLC		
,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Charles M. Towns Jr		
		Name of Person	
	A Drop of Excellence Pain	ting LLC	
		Firm/Company	
	4709 Alhama Street		
		Address	
	Orlando, FL 32811		
		City/State and Zip Code	
	adropofex@gmail.com		
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Charles M Towns Jr		321 337-4654 at () Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Drop of Excellence 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  $\frac{09/17/2015}{1}$ \_\_\_\_\_ and assigned Florida document number L15000158345 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 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>	<u>Name</u>	Address	Type of Action
MGR	Charles M Towns Jr	4709 Alhama St.	Add
		Orlando, FL. 32811	Remove
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sument's effective date on the Department of State's records.				
record specifies a delayed effective date, but no	t an effective time, at 12	:01 a.m. on t	:he ea	arlier
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Typed or printed name of signee

Filing Fee: \$25.00