# 1500166178

, (Requestor's Name)
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

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March 1, 2016

RONNIE ROBERTS PROPERTY MAINTENANCE AND PAINTING, LLC RONALD ROBERTS 2069 SW 40TH AVE. BELL, FL 32619

SUBJECT: RONNIE ROBERTS PROPERTY MAINTENANCE AND PAINTING,

LLC

Ref. Number: L15000166178

We have received your document for RONNIE ROBERTS PROPERTY MAINTENANCE AND PAINTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00004278

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## **COVER LETTER**

Division of Corporation	is		
SUBJECT: Ronnie R	Oberts Men Name of Lim	intenance and Paited Liability Company	ainting LLC
The enclosed Articles of Amendm	nent and fee(s) are sub	mitted for filing.	
Please return all correspondence of	oncerning this matter	to the following:	
	Ronald	Roberts Name of Person	
		Name of Person	<del></del>
Ron	mie Robert	S Maintenance and Firm/Company	nd Painting LLC
	2069 GW	40th Avenue Address	
<del></del>	Bell, F	City/State and Zip Code	
	1 21	City/state and Zip Code	
<del></del>	F mail address: (	is @ gmail Com to be used for future annual report noti	Gootloon)
For further information concerning			incation)
Ronald Robe Name of Person	rts	at ( <u>35</u> 2-) <u>493</u> - Area Code Daytime	3 487 e Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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:**

TO:

**Registration Section** 

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

Ronnie Roberts maintenance and Painting LLG: OF ST (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  $\frac{9}{30}/30/5015$ and assigned Florida document number <u>L15000166178</u>. 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: Ronald Roberts

New Registered Office Address:

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New 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.

Renald T. Roberto

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 Title **Type of Action** Name **Address** Charles michael Cardwell 3445w Kirby Avenue Jand Lake City, Fl 32024 □ Remove ☐ Change □ Add `□ Remove ☐ Change \_□ Remové Change C ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

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