

L15000171526

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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2015 OCT 20 A 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Murphy 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:

Michael K Murphy
Name of Person

Firm/Company

2159 Mursey Rd # 133
Address

Clearwater FL 33764
City/State and Zip Code

Mike Murphy 552011@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael K Murphy at (727) 906 1724
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Michael Murphy 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 10/8/2015 and assigned Florida document number L15000171526

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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. 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

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OCT 20 11:29
CLERK OF
STATE OF
FLORIDA

MGR = Manager.
AMBR = Authorized Member

[illegible]

2015 OCT 20 A 11: 29
☐ Change
☒ **FILED**
☐ Add
☐ Remove
☐ Change

[illegible]

(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.

10/18/15

Michael X. Murphy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael K Murphy
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00

THE UNIVERSITY OF STATE
OF FLORIDA

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