

L15000197449

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(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTW 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:

Tara Schmidt
Name of Person

CTW
Firm/Company

5807 N. Atlantic Ave Apt 415
Address

Cape Canaveral, FL 32920
City/State and Zip Code

Swags32@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Schmidt at (407) 480-9841
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

CTW 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 11/23/15 and assigned
Florida document number L15000197449

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)

5807 N. Atlantic Ave Apt 415
Cape Canaveral, FL 32920

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:

Tara Schmidt

New Registered Office Address:

5807 N. Atlantic Ave # 415

Enter Florida street address

Cape Canaveral, Florida 32920

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. 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.

Tara Schmidt

If Changing Registered Agent, Signature of New Registered Agent

[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.

Jana Schmiedt
Signature of a member of a

Signature of a member or authorized representative of a member

Tara Schmidt

Typed or printed name of signee

FILED
17 MAY 24 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA