

L16000042567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Smyrna Beach 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:

Rick L. Bartz
Name of Person
New Smyrna Beach Painting LLC
Firm/Company
2513 Belmont Ave
Address
New Smyrna Beach FL 32168
City/State and Zip Code
Tallinmich@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Bartz at (386) 576-4078
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

New Smyrna Beach 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 3-1-16 and assigned
Florida document number L16000042567

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)

2513 Belmont Ave
New Smyrna Beach FL 32168

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:

Rick Bartz

New Registered Office Address:

2513 Belmont Ave

Enter Florida street address

New Smyrna Beach, Florida 32168

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.


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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Gregory W piedt	2300 Citrus Ave	<input type="checkbox"/> Add
		South Daytona Beach FL	<input checked="" type="checkbox"/> Remove
		32119	<input type="checkbox"/> Change
AMGR	Christina Salvo	6464 timberwind place	<input type="checkbox"/> Add
		Orlando FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	William Lewis	814 15 th Ave	<input type="checkbox"/> Add
		New Smyrna Beach FL 32169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Rick Bartz	2513 Belmont Ave	<input checked="" type="checkbox"/> Add
		New Smyrna Beach FL 32169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Michael Gallimore	3128 Yuletree	<input checked="" type="checkbox"/> Add
		Edgewater FL 32141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Gary Vosburgh Jr.	200 411 Ann St.	<input checked="" type="checkbox"/> Add
		Edgewater FL 32132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 16, 2016

Signature of a member or authorized representative of a member

Rick Bartz
Typed or printed name of signee